UN Meeting to Address Growing Burden of Noncommunicable Diseases

By Norra MacReady

The annual worldwide number of new cancer cases will exceed 20 million by 2030. Currently, 7.6 million people die of cancer each year, more than deaths from HIV/AIDS, malaria, and tuberculosis combined. And cancer is just one of the four major noncommunicable diseases (NCDs) identified by the World Health Organization that account for nearly all global morbidity and mortality; the others are diabetes, cardiovascular disease, and chronic lung disease. Collectively, NCDs caused 36 million, or 63%, of the 57 million deaths that occurred in 2008. Nine million of those people were younger than 60 years, and more than 90% were in developing countries.

Now the United Nations is turning its attention to the growing problem of NCDs in a high-level meeting on September 19–20, as part of the opening of the 66th session of the General Assembly. “A high-level meeting is one in which all heads of state are invited and expected to participate; they can’t send a substitute unless that person is empowered to make a decision,” said John Seffrin, M.D., CEO of the American Cancer Society. Of all the high-level meetings held in the General Assembly’s 65-year history, the only other one to address a health-related issue was for HIV/AIDS in 2001, Seffrin noted. “This is our chance to make sure that the world and policymakers and leaders understand the gravity of the NCD burden in the 21st century, especially cancer.”

NCDs are increasing in part because populations are aging, said Alan Alwan, M.D., assistant director general of noncommunicable diseases and mental health at the WHO. But their four common risk factors—tobacco use, sedentary living, poor diet, and unhealthy use of alcohol—also reflect the growing trends of globalization and urbanization. “More and more people are now living in urban areas, and unfortunately, in many countries of the world, this urbanization is not planned, so there are huge numbers of people living in urban slums, with no facilities for physical activity or healthy diets. Smoking rates are high, and so you are at more risk of developing diabetes, heart disease, and cancer,” Alwan said.

Poverty and NCDs are linked in a vicious cycle, he continued. “Poverty exposes people to the behavioral risk factors for NCDs, and the resulting NCDs become an important driver of the downward spiral that leads to poverty. We now have clear evidence that the disability, illness, and premature deaths that are caused by NCDs contribute to poverty by lowering household income, in many cases because the expensive treatment for diseases such as cancer and heart disease result in what we call catastrophic expenditures. So NCDs are not just a leading problem in terms of mortality; they have serious consequences in terms of socioeconomic development.” According to the WHO, NCDs account for up to 58% of premature deaths among women in developing countries, compared with about 6% among women in more affluent societies.

Shrinking the swelling global burden of NCDs will require serious efforts by governments and cooperation across multiple agencies and countries, he explained. “It’s a combination of educating people, telling them what needs to be done, providing information about healthy lifestyles, and providing an environment that helps them to follow a healthy lifestyle.” This can be accomplished through steps he calls “best buys,” such as aggressive measures against tobacco use; restricting access to, and raising taxes on, alcohol; reducing salt intake; and replacing transfats in foods with polyunsaturated fats. “These are proven, cost-effective interventions that reduce the NCD burden and are affordable. Any country, regardless of its income, can implement them.”

Meeting Goals

The meeting will consist of three opening plenary sessions and three roundtables to be held over 2 days. The roundtables will address the rising incidence of NCDs and their risk factors. The discussions will also cover NCDs’ socioeconomic impact and the developmental and related challenges they present; how to strengthen national policies and systems to prevent and control NCDs, including providing better palliative care; and the steps needed to foster international cooperation and coordination in addressing NCDs. Many countries will also host side events. The meeting’s final plenary session will include the adoption of an outcome document with specific recommendations for reducing the global burden of NCDs and, it is hoped, a firm commitment from all the participating nations to put those recommendations into practice.

One of the most important goals of the meeting is simply to raise the alarm about NCDs, said Eduardo Cazap, M.D., president of the International Union Against Cancer and a board member of the American Society of Clinical Oncologists. “This may seem superficial, but today most countries do not...
have national cancer plans; cancer is not specifically addressed in many health care systems in the world, and the lack of cancer data is demonstrated by the poor distribution of cancer registries around the world. So from my perspective, if we succeed at including cancer on the agendas of the health care systems or ministries of health of the different countries in the world, that will be a very positive outcome.”

According to Alwan, the planned meeting is already increasing awareness because of publicity about it. “This is helping to improve the commitment among policymakers to attend,” he added. The heads of state of Uruguay, Brazil, and Mexico have confirmed their attendance, and the leaders of several African countries are expected, as is the president or prime minister of Russia. As of this writing, the White House would not say whether President Obama will attend, but Alwan hopes that the First Lady will make an appearance.

Such a summit also can have a tangible effect on public policy, said Seffrin. “The accessibility of HIV/AIDS interventions has increased dramatically in emerging and developing economies since the high-level meeting in 2001. It’s a question of improving the way the government, not-for-profit, and commercial sectors all work together. Those kinds of things happen when you have high-level meetings that bring attention to these problems.”

In fact, he believes that misguided public policies are among the biggest current obstacles to improving cancer prevention and treatment. In many nations, the results of those policies are reflected in the ongoing influence of the tobacco industry and in the limited access many citizens have to treatment. “If someone gets sick and doesn’t get care until the 11th hour, then the cost and the prognosis is quite different [versus if that person had received treatment earlier]. Undergirding both of those is the barrier of weak or ill-advised public policies.”

Balancing Resources With Needs
Another priority at the meeting will be developing ways to make the best use of resources to strike a balance among prevention, detection, and therapy, said Alan Lichter, M.D., CEO of the American Society of Clinical Oncologists. Cazap hopes that meeting participants will be inspired to create innovative methods of extending scarce resources. Countries vary widely in their per capita health care spending. For example, the United States devotes 17% of gross domestic product to health care, compared with 7% in Singapore. Often, “the money is there, but it is badly allocated or distributed. Singapore has a very good health care system and outcomes, and some small countries are doing very acceptably with a proportion of the budget that is half or less than that of other countries,” he explained. “So it is important to present this issue not as a simple question of funding but as a strategy with costs and benefits related to access to care, and to the role of government in the sense of public funding collaborating with private funding.”

Finally, said Cazap, he expects the meeting to produce better methods of tracking progress. “There are, today, many sources of funding, such as the World Bank, but nobody follows up properly, not only with respect to funding but with the results of the interventions that funding affords. So it will be important to have, by the end of the summit, not just objectives, an agenda, and economic interventions, but also a follow-up mechanism in place to ensure that countries report their data back to the United Nations periodically, explaining whether their results are positive or negative, and why.”

Cancer has many things in common with the other NCDs, but it also differs in several important ways, Lichter said. For one thing, it encompasses a much more diverse group of diseases, and certain kinds of cancer can be cured, whereas “it is very difficult to cure heart disease—you can manage it, but it is very hard to make it go away. It’s often very difficult to make some of the serious pulmonary diseases go away. But many types of cancer, when detected early and treated appropriately, can be eradicated and permanently cured, and that makes it unique with respect to many of the diseases of mankind.”

This meeting could be an important step toward reducing the morbidity and mortality related to many forms of cancer, as well as the other NCDs, he added. “By itself, this conference will not solve the problem, but we hope it can be the beginning of the solution.”

© Oxford University Press 2011. DOI: 10.1093/jnci/djr366