

## Responding to the Challenge of Non-communicable Diseases

The World Bank

### 1. The rising burden of NCDs poses a threat to health and development

NCDs are a growing concern in all countries. NCDs are projected to rise in low- and middle-income countries (LMICs) by 2030 in line with changing lifestyles, ageing populations, urbanization and other factors. Many countries face a double burden of disease with an unfinished communicable disease burden and a rising NCD epidemic. Likewise, some LMICs face both a high prevalence of childhood stunting and the growing problem of obesity (the number of obese children and adolescents has grown more than tenfold over the past 40 years).

NCDs result in increased health care spending and significant economic losses due to the often complex, costly and/or chronic nature of care, as well as to lost productivity. Between 2011 and 2025, NCDs are projected to cost LMICs more than US\$7 trillion.<sup>1</sup>

Households bear the brunt of health care spending on NCDs and have limited financial protection in most LMICs. Considering the impoverishing effect of many NCDs, it will not be possible to attain the equity and financial protection goals of the UHC agenda if NCDs are not addressed.

United Nations high-level meetings have highlighted the need for UN agencies, including WB, to scale up their work on NCDs as part of the 2030 Agenda for Sustainable Development.

NCDs contribute to ill health, poverty and inequities and slow the development of countries. Every year 15 million people die before age 70 from NCDs, with 86% of these premature deaths occurring in low- and middle-income countries.

Major progress on NCDs is possible. Premature deaths from NCDs are largely caused by modifiable behavioural risk factors, such as unhealthy diet, tobacco use, physical inactivity and harmful use of alcohol. Environmental risks (e.g. air pollution) and constrained access to basic services also contribute significantly to NCDs.

Addressing NCDs requires coordinated action from all UN agencies within a broader whole-of-society response.



<sup>1</sup> Bloom, D. E., Chisholm, D., Jané-Llopis, E., Prettnner, K., Stein, A., & Feigl, A. (2011). From burden to "best buys": reducing the economic impact of non-communicable diseases in low- and middle-income countries (No. 7511). Available at: [https://www.who.int/nmh/publications/best\\_buys\\_summary.pdf](https://www.who.int/nmh/publications/best_buys_summary.pdf). NCDs are defined as cardiovascular disease, cancers, diabetes and chronic respiratory diseases.

Regardless of their income levels, countries should not neglect the NCD burden given its implications for human capital development. Since NCDs are a major cause of premature death, disability and foregone wages, investments in the prevention and treatment of these conditions will improve adult health and economic growth.

Investing in cost-effective NCD interventions in poorer countries will generate US\$350 billion in economic benefits and save 8.2 million lives by 2030. This is a return of US\$7 per person for every dollar invested.<sup>2</sup>

Financing of NCDs remains inadequate and out of line with the growing burden in LMICs. About 80% of the NCD burden is in LMICs, and NCDs overall represent over two thirds of the global disease burden; financing for NCDs is however concentrated in high-income countries and overseas development assistance for NCDs accounts for less than 3% of total assistance for health.<sup>3</sup>

NCD prevention requires a multisectoral, whole-of-government, whole-of-society approach which focuses on reducing population exposure to environmental and behavioural risk factors while increasing affordable access to basic services. Integrated care models which are patient-centered and leverage investments in infectious diseases and maternal, newborn and child health will be critical to managing both the rising burden of disease and spiralling costs.

Despite several high-level NCD events since 2011, progress remains slow. The third UN High-Level Meeting on NCDs in September 2018 aimed to intensify political support in the context of the SDG agenda with a focus on “reducing premature mortality from NCDs by one third by 2030”, in line with SDG target 3.4.

Urgent action is needed to accelerate progress in health service coverage and financial protection, and to address the broader socioeconomic determinants of NCDs.



<sup>2</sup> WHO GCM/NCD Working Group on the Inclusion of NCDs in Other Programmatic Areas (2018). Final Report: Working Group on the Inclusion of NCDs in Other Programmatic Areas. Retrieved from <https://www.who.int/global-coordination-mechanism/activities/working-groups/3-1-report.PDF?ua=1>

<sup>3</sup> Health Finance Institute. Addressing the economic burden of underinvestment in NCDs. Available at: <http://healthfinanceinstitute.org/>

## 2. The World Bank has a role to play in supporting countries in preventing and controlling NCDs

The World Bank's health sector strategy supports countries to accelerate progress towards UHC. Its three main pillars include: (a) *expanding financial protection* so that no one is tipped into poverty because of catastrophic health spending; (b) *increasing coverage of quality health services* for the poorest 40% of the population; and (c) *fostering a healthy society*, including investments that reduce risk factors for NCDs. The prevention and control of NCDs cut across the three pillars.

The World Bank responds to client demand to prevent and control NCDs by providing financial support, policy advice and technical assistance to strengthen the health system response and address key risk factors for NCDs.

The World Bank has produced analytic work to understand the nature and magnitude of the NCD problem, identify risk factors and propose mitigation measures. It has also conducted expenditure analyses to determine the efficiency of public spending and identify strategies to expand domestic resource mobilization (including through taxation of health-harming products) in order to increase those available for primary health care (PHC).

The World Bank plays an important knowledge-sharing role by producing a wide range of knowledge products and sharing experiences and lessons across countries. The Bank has brokered various partnerships to leverage technical and financial support, working in close collaboration with technical agencies, the private sector and UN agencies.

## Investment lending is effective for scaling up domestic action on the prevention and control of NCDs

The Bank has a diversified portfolio of investment operations in health systems and health services in support of NCDs, totaling about US\$1.5 billion (2019): this represents about 12% of the Bank's overall health, nutrition and population (HNP) lending. Projects include: (a) strengthening early detection and screening for NCDs; (b) promoting NCD risk reduction; and (c) revamping health systems and facilitating transformational reforms to shift attention from costly secondary care to primary health care. Over a half of all NCD health investments are on integrated projects with both disease prevention and chronic disease management activities. Other projects use communicable disease investments to support NCD prevention and treatment.

The Bank portfolio also includes roughly US\$0.2 billion of non-health investment operations that directly or indirectly contribute to NCD prevention. Examples include: (a) promoting environmental health; (b) expanding the use of safe and efficient cookstoves; (c) enhancing awareness and knowledge; (d) promoting fiscal and regulatory reforms; and (e) reducing the risk of road injuries.





## Examples of World Bank-funded NCD Interventions

*Protecting Vulnerable People against NCDs in Argentina.* NCDs generate a heavy health and economic burden. The US\$350 million project (2015–2020) in Argentina aims to improve the readiness of public health facilities to deliver higher quality NCD services for vulnerable population groups and expand the scope of selected services, as well as to protect vulnerable population groups against prevalent NCD risk factors.

*Regional Programme of Cancer Registries in East Africa.* In 2012, sub-Saharan Africa had about 850,000 new cancer cases and 600,000 deaths. The World Bank is supporting Burundi, Kenya, Rwanda, Tanzania and Uganda to strengthen their capacity for collecting, analysing and sharing data on cancers. Access to timely information on the rising cancer disease burden is critical to develop financial protection mechanisms to ensure that households are not impoverished by catastrophic health spending, provide quality services in a timely manner in order to facilitate early detection and treatment, and address risk factors associated with cancers.

*Leveraging Investments in Infectious Diseases to combat NCDs in Egypt.* The World Bank supported a combined national hepatitis C and NCD risk factor (hypertension, high blood sugar and body mass index) screening campaign, with high-level political support from the President. Individuals with hepatitis C and/or at risk of NCDs were enrolled in structured treatment programmes. To date, 49.8 million adults aged of 18 or over have been screened. This innovative initiative demonstrates the potential for leveraging existing infectious disease platforms to address NCDs.

*Towards Population-Based Screening and Community-Level Outreach for NCDs in India.* Tamil Nadu is India's sixth most populous state and is dealing with a double burden of communicable and non-communicable diseases. Cardiovascular disease, diabetes, and cancer are the leading causes of death for people aged above 40. The World Bank has provided a US\$287 million loan to strengthen management of NCDs, with a focus on health promotion and NCD prevention, population-based screening of NCDs among the eligible population, treatment and follow-up, and improvement of NCD monitoring and evaluation. The project aims to support a move from opportunistic screening to population-based screening.

*Establishment of Health Lifestyle Centres (HLCs) for NCD Screening and Referral in Sri Lanka and Turkey.* The World Bank has supported the establishment of Healthy Life Centres at the PHC level for the detection and management of patients with a high NCD risk. In Sri Lanka this is being done by strengthening PHC capacity, population screening and better treatment and follow-up.

*Performance-Based Financing for NCDs in Tajikistan.* Ischaemic heart disease is one of the leading causes of death in Tajikistan. The World Bank is supporting the government's performance-based financing scheme to improve the coverage and quality of basic primary health services in rural health facilities in 10 districts. Under this supply-side project, the Ministry of Health contracts rural health centers to enhance both the quantity and quality of NCD services, providing coverage in about 450 health facilities to approximately 15 percent of the country's total population.

## Analytic work and knowledge management: Linking evidence to operations

The Bank undertakes a wide range of country, regional and global studies to better understand and address the risk factors associated with NCDs, as well as to provide an analytic underpinning for investment lending and inform public policy. Examples are given in the box.

The World Bank Group's Global Tobacco Control Programme supports knowledge exchange among selected countries on the economics of tobacco control. Experts in health, governance and macroeconomic and financial management, poverty and equity, agriculture and trade engage actively in this programme, which is a win-win for both public health and domestic resource mobilization.<sup>4</sup>

The programme assists countries to design tobacco tax policy reforms and increase tobacco tax rates in order to:

- (a) achieve public health goals by increasing prices, reducing smoking, and preventing initiation among youth;
- (b) raise domestic resources for investments that benefit the entire population; and
- (c) enhance equity by reducing the health risks associated with tobacco-attributable diseases and the risk of impoverishment due to high out-of-pocket expenditure among the lowest income population groups.

Achievements include providing support for tobacco tax policy reforms in several countries and the launch of the World Bank Group report "Tobacco Tax Reform: At the Crossroads of Health and Development".

*Impact of NCDs on Human Capital (2019).* The WB is collaborating with several partners to produce a report that describes how human capital and productivity can be enhanced by tackling NCDs, with recommendations for action. This work is part of the World Bank's Human Capital Project to improve human capital at the country level through investing in health and education.

*Obesity: A Ticking Time Bomb – What can the World Bank do to Defuse It? (2019).* This report highlights the growing epidemic of obesity in both low- and high-income countries, and its health and economic costs. The report lays out the drivers of obesity, lessons learned from obesity-prevention efforts across the globe, and the policy and investment tools that the World Bank can deploy across different sectors to address obesity.

*How to Improve the Use of Fiscal Policy to Address the NCD Crisis: Lesson Learned from Tonga (2019).* Tonga has a very high burden of NCDs. This study generates policy-relevant findings and insights on the implementation of taxation policy on tobacco, alcohol, food and behaviours, pricing, government revenues and the country's response to the rising NCD burden.

*The Challenge of NCDs and Road Traffic Injuries in sub-Saharan Africa (2013).* This is a comprehensive review of the literature with input from policy-makers, researchers and practitioners. It describes how resource-constrained governments can prevent and control NCDs and increase road safety.

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<sup>4</sup> The World Bank. Global Tobacco control. <https://www.worldbank.org/en/topic/tobacco>

### 3. Partnerships are critical for the World Bank in mobilizing an effective response to NCDs

The Bank has been an active member of several key partnerships and/or leader in key initiatives (e.g. tobacco control and mental health) to prevent and control NCDs. Examples include:

- *Access Accelerated*. The Bank brokered this partnership with the private sector to leverage funding for pilot projects that aim to support early screening, detection and initial treatment for NCDs in countries such as Kenya and El Salvador.
- *Union for International Cancer Control (UICC) – City Cancer Challenge*. The Bank participated in the UICC-led City Cancer Challenge initiative which supports cities to design, plan and implement cancer treatment solutions to reduce cancer mortality by 2025.
- *World Bank Umbrella Facility for Gender Equality (UFGE)*. The UFGE is a multidonor trust fund that aims to strengthen awareness, knowledge and capacity for gender-informed policy-making; it also explores new approaches to improve human capital, such as through the control of NCDs.



The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established in 2013 by the Secretary General and placed under the leadership of WHO to coordinate the activities of the UN System to support the realization of the commitments made by Heads of State and Government in the 2011 Political Declaration on NCDs. Joint activities included in the work plan of the Task Force are additive to various, more comprehensive efforts conducted by the UN agencies to prevent and control NCDs. These joint activities offer important opportunities to address cross-cutting issues and to advance capacity and learning in countries.

