

# gOVERVIEW

EDITOR'S PAGE

## An Evolving Approach to the Global Health Agenda Countries Will Lead the Way on NCD Prevention and Control

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The United Nations (UN) put its stamp of approval on noncommunicable diseases (NCD) as a global health priority at the High-Level Meeting on NCD in September 2011 and then handed the baton to member states to take the next steps in addressing this growing health problem. For a decade, the UN's World Health Organization (WHO) has advanced the cause of NCD and, for much of that time, was alone with the megaphone. The early attention to NCD from the WHO Director General Gro Harlem Brundtland ultimately led to the Global Strategy on Diet, Physical Activity, and Health [1], the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases [2], and other influential documents such as the WHO Expert Report on Chronic Disease [3]. WHO has devoted a greater proportion of the funding within its discretion to NCD than member countries and other donors devote from extrabudgetary resources provided to WHO, and it succeeded in advocating for and then carrying off, in record time, a UN high-level meeting.

WHO has not been alone in these efforts. There was energetic and inspiring leadership from the Caribbean countries in both initiating national chronic disease control programs and leading the global advocacy, from the NCD Alliance in organizing and broadening the advocacy movement, and from many other individuals, organizations, companies, and countries who saw the pressing need for attention to NCD. While global and regional activities continue to pick up steam, the center of gravity is now shifting to member states, who

are making decisions in real time about how to prevent and control NCD.

Many characteristics of NCD mandate that countries—not just governments but civil society, the private sector, and even communities—take the lead in preventing and controlling their rise. These characteristics include the lifelong nature of risk exposure and lifestyle choices that determine disease incidence and progression, the importance of site-specific ecology and population-specific etiology, the need for involvement across sectors, and the necessity of strengthening health system organization and capacity. In the context of limited resources and competing priorities, it is clear that countries are taking the reins in pulling their own health agenda and services toward NCD. As the trend continues, countries will be front and center in deciding how to implement the UN call for a strong response to NCD. In this way, the global challenge of addressing NCD can become a model to truly advance the principle of country-driven action currently being promoted as the ideal approach in response to other high-priority global health problems [4].

Many countries are very actively putting in place new programs and policies to address NCD. Some of this activity was sparked by the UN high-level meeting. For instance, Fiji doubled its budget for NCD prevention and treatment interventions between 2011 and 2012. Other initiatives preceded the high-level meeting but have gained additional momentum or urgency. South Africa held a national NCD Summit before the UN meeting and has established aggressive goals for reducing NCD

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risk factors and mortality. Argentina and Brazil have negotiated salt reduction agreements with food manufacturing companies, and Mexico, South Africa, and more are establishing monitored objectives for food quality. Other countries have established NCD commissions and positions within health ministries to begin to implement their response. However, there are few templates for these country-level leaders to use in answering some of the critical questions they are facing, such as:

- What are the specific characteristics of the disease burden and economic burden in their country?
- How much public resources should be devoted to NCD?
- What other resources are available to dedicate to NCD control?
- Which policies and interventions make sense in their country, and how should they be implemented?
- How can they work with policymakers and experts globally and in other countries with common needs?

An Institute of Medicine (IOM) workshop on Country-Level Decision-Making for Control of Chronic Diseases was held in July 2011 in Washington, DC and provided a framework for countries to use in answering these questions and offered a set of country experiences and tools to help guide country-level actions [5]. The workshop featured an array of national- and global-level experts as speakers and panelists and was well attended by a cross section of people working in developing countries on NCD and global policy and advocacy organizations aiming to deepen their involvement in country-level NCD programs. In this issue, Kelly et al. [6] summarize the themes that emerged from the presentations and discussions they generated.

The IOM workshop and the activities stemming from it—including this Special Issue—are a resource for people working in developing countries. Expanding on some of the key themes and topics presented at the IOM workshop, the papers in this Special Issue provide some direction and insights into how the global community can support the implementation of country-driven control of NCD. Developing countries that are searching for direction in addressing NCD might find a multiplicity of needs in their efforts to set priorities: political leadership, expertise, funding, and best practices. This Special Issue offers guidance in each of those areas.

Observers of development policy know well that the foremost ingredient in achieving development

goals, regardless of the specific topic, is political leadership. Honorable Minister Agnes Binagwaho from Rwanda exemplifies that adage. She opens this Special Issue with a call for developing countries to find their own path to prevent and control NCD [7]. Minister Binagwaho is aggressively making NCD prevention and control a priority because her country has only \$25 per capita to spend on health and is making prevention of disease a cornerstone of health policy. Greater awareness and careful priority setting will make Rwanda a leader on NCD as it has been on reducing maternal mortality, achieving near-universal vaccination, increasing access to antiretroviral therapy, and reducing the rate of mother-to-child transmission of human immunodeficiency virus.

An article by Glassman et al. [8], reflecting the input of members of the Center for Global Development's Priority-Setting Institutions for Health Working Group, provides a thorough analysis of the complex decision-making processes often used by countries to help set priorities for spending on health in the face of finite resources and increasing need for services. The article provides detailed examples of institutional arrangements that promote explicit and transparent decision making and presents recommendations for countries in establishing and strengthening evidence-based approaches to public health spending. They offer a clear conclusion that one-size-fits-all will not work, but there are ways in which countries can improve health outcomes by making informed choices.

Technical assistance and external financing are always in short supply in developing countries and are particularly scarce for NCD planning. In the near term, it is likely that those resources will need to come from developing countries themselves as donor organizations and countries slowly adjust their priorities for development assistance to include NCD. Shakow et al. [9] propose creating a developing-country-based institution to support strategic planning for NCD control. They emphasize the value of South-South cooperation and the importance of sustained national and regional capacity to be able to develop and adapt NCD plans to fit the needs to the countries.

The UN meeting featured speeches from 34 heads of state, and 133 countries were represented at the meeting. Many of these were developed countries that have long years of experience battling NCD. Policy-level interventions have formed a key part of the strategies employed in these countries. Mason et al. [10] in this issue, describe the Policy

Depot, a new interactive, web-based resource that aims to build capacity to develop and implement evidence-based and effective policies for prevention and control of chronic diseases. The launch of the pilot phase is anticipated in the fall of 2012. An interactive networking and information sharing function will be open to policy stakeholders worldwide, and an initial clearinghouse of best practices from policy interventions in the United States, Canada, and Europe will expand over time to include emerging experiences from locations worldwide.

For developing countries, the economics of NCD can easily present the biggest challenge. Two articles in this Special Issue feature economics modeling that produces crucial information about the costs of implementing different interventions. Stenberg and Chisholm [11] describe the approaches that WHO has taken to understand the costs of NCD, as well as the potential for NCD to become a part of the OneHealth tool for strategic planning and costing. This tool is designed to allow countries to carry out more comprehensive and integrated, rather than disease-specific, planning in the health sector. Mirelman et al. [12] then describe a country-specific approach for estimating risk-attributable disease burden and prevention costs related to NCD control in Bangladesh.

For a subset of countries, a major investment in health in the past 2 decades has been through the global, national, and community response to the acquired immunodeficiency syndrome epidemic, in which many countries have developed and scaled up programs in prevention, chronic disease management, and intersectoral approaches. In this issue, Lamptey and Dirks [13] provide suggestions and insight for NCD prevention and control that come from the experiences of the human immunodeficiency virus response, including lessons learned in strategic planning, resource mobilization, infrastructure development, and service delivery.

As countries experiment with different ways to manage NCD in their populations, regional and global mechanisms for coordination and support will continue to play an important role in sharing

and improving country-driven NCD control programs. The article by Hospedales et al. [14] describes the regional mechanisms that the Pan American Health Organization has employed to support progress in country-level planning and implementation of actions to address NCD, including how the Pan American Health Organization has supported processes for countries in the Americas to share and build on each other's experiences.

In the immediate future, the Political Declaration that resulted from the high-level meeting pledged to support and strengthen multisectoral national policies and plans for the prevention and control of NCD. Furthermore, the declaration called on the global community to work together in a coordinated manner to support national efforts to prevent and control NCD, including developing a global monitoring framework to assess progress in the implementation of national NCD strategies and plans [15]. Ralston and Smith [16] describe how the NCD Alliance is moving forward with a continuing mission to keep NCD on the high-level political agenda through a coordinated global civil society movement.

The UN meeting provided a critical forum for the global dialog on NCD, which has been evolving for decades, to take center stage on the global health agenda. The next phase of the NCD movement will shift from a global-level conversation as the focus turns to countries that are now embarking on the implementation stage of preventing and controlling NCD. Like the UN meeting, the papers in this Special Issue constitute the end of the beginning. Countries will soon be amassing experience and progress on the road to reducing the burden that NCD are placing on their populations and their economies. It is a long road, but the route can be quickened when priorities are clear and tied to the needs of countries and when the knowledge gained through country-driven approaches is shared. Thus, a process of supporting country-level objectives and achievements will collectively contribute to the global goals that have emerged as a result of the UN high-level meeting.

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