Role of UN Agencies in Achieving the Sustainable Development Goals (SDG 3.4)

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1. From MDGs to SDGs
2. Focus on SDG 3.4
3. Addressing CVD as a key strategy to achieving SDG goals
4. Role of WHO and UN Agencies to achieving SDG goals
Target 3.4: By 2030, reduce premature NCD mortality by 30%
From MDGs to SDGs

**MDG**

No MDG targets or indicators relate to noncommunicable diseases

**SDG**

**SDG Target 3.4**
By 2030, reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being

**SDG Target 3.9**
By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

**SDG Target 3.a**
Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
NCDs are the leading cause of death globally.

Probability of dying between 30 and 70 years from CVD Cancer Diabetes NCDs, %, 2012
### NCDS: A priority development issue

<table>
<thead>
<tr>
<th>World Bank Group</th>
<th>Deaths from NCDs between the ages of 30 and 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income countries</td>
<td>1.2 million</td>
</tr>
<tr>
<td>Lower middle-income countries</td>
<td>5.3 million</td>
</tr>
<tr>
<td>Upper middle-income countries</td>
<td>5.3 million</td>
</tr>
<tr>
<td>High income countries</td>
<td>2.0 million</td>
</tr>
<tr>
<td>World</td>
<td>13.8 million</td>
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</tbody>
</table>

Estimated number of deaths from NCDs (2011), WHO Global Health Observatory
UN Political Declaration On NCDs In 2011: A Tipping Point For Global Action

- 2000: Global Strategy for the Prevention and Control of NCDs
- 2003: Global Strategy on Diet, Physical Activity and Health
- 2009: Global Strategy to Reduce the Harmful Use of Alcohol
- 2010: First WHO Global Status Report on NCDs
- 2011: Moscow Declaration
- 2013: UN Political Declaration on NCDs
- 2014: UN General Assembly Comprehensive Review 2014 on NCDs
- 2015: Country Framework for Action to engage sectors beyond health on NCDs
- 2015: Adoption of the Post-2015 development agenda
- 2025: Attainment of the 9 global targets for NCDs by 2025
- 2030: Attainment of the 9 global targets for NCDs by 2030 (as part of the post-2015 development agenda)
Vision:
A world free of the avoidable burden of NCDs

Goal:
To reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional and global levels
**9 Global NCD Targets To Be Attained By 2025 (Against A 2010 Baseline)**

- **A 25% relative reduction in risk of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases**
- **At least a 10% relative reduction in the harmful use of alcohol**
- **A 10% relative reduction in prevalence of insufficient physical activity**
- **At least a 10% relative reduction in the harmful use of alcohol**
- **A 25% relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure**
- **A 30% relative reduction in prevalence of current tobacco use**
- **An 80% availability of the affordable basic technologies and essential medicines, incl. generics, required to treat NCDs**
- **A 30% relative reduction in mean population intake of salt/sodium**
- **At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes**
- **Halt the rise in diabetes and obesity**

**Global NCD Targets**

To Be Attained By 2025 (Against A 2010 Baseline)
SDG 3.4: By 2030, reduce by one third premature mortality from NCDs

2030 milestone: NCD-related targets in the SDGs

2025 milestone: 9 voluntary global NCD targets

2018 milestone: Four time-bound commitments

Components of national NCD responses

- Governance
- Risk factors
- Health systems
- Surveillance

- 2011 UN Political Declaration on NCDs
- 2014 UN Outcome Document on NCDs
- WHO Regional NCD Action Plans
- 2030 Agenda
How much progress have we made towards achieving the SDG targets?
Concerted effort is needed to reach 2030 premature mortality targets.
WHO NCD Progress Monitor 2015: progress is insufficient

- Based on the set of 10 progress monitoring indicators published by WHO in May 2015
- Indicators show progress achieved by countries in implementing the four time-bound commitments for 2015 and 2016
- Data drawn from several sources generated by WHO and validated with supporting documentation provided by countries
Bolder measures are needed by governments, international partners and WHO to ensure that the commitments included in the 2014 UN Outcome Document on NCDs are fully implemented to help move towards achieving the targets.

Including international development cooperation.
Cardiovascular diseases are the largest contributor globally to premature NCD mortality
Largest cause of premature NCD deaths is CVD (6 million premature deaths in 2012)

Proportion of global NCD deaths under the age of 70 (by cause of death, comparable estimates 2012)
CVD Burden and Trends

• CVD is a major global threat, it is the number one cause of death worldwide.
  – 17.5 million deaths in 2012 (46% of all NCD deaths).
  – Coronary heart disease: 7.4 million
  – Stroke: 6.7 million

• LMICs are the most vulnerable areas, with over three-quarters of all CVD deaths, many people die before the age of 70.
In high income OECD countries CVD mortality has substantially declined (43%) over the last 13 years.

In low income countries, declines in CVD mortality have not been as marked (11%) and overall number of CVD deaths is increasing.
Percentage of deaths due to CVD is increasing in LMICs and decreasing in HICs

Roth et al, Circulation 2015
Causes for the increasing burden of CVD in LMICs

• Increased prevalence of risk factors such as tobacco use and increase in obesity and physical inactivity

• Gaps in access to basic care for CVD especially in primary health care including:
  – CVD Risk stratification and management of high blood pressure, high cholesterol, diabetes and
  – Management of acute events (myocardial infarction and stroke)
  – Gaps in access to medicines and technology
  – Inadequately trained workforce
Action on cardiovascular diseases is key to reducing premature mortality from NCDs and achieving the SDG targets.
Global Hearts Initiative: Working together to beat Cardiovascular Disease

#beatNCDs
Launch of the Global Hearts Initiative (side event of UNGA 2016)

• WHO guided Global Partnership
• Comprehensive package of interventions
  – Population-level intervention: tobacco control
  – Population-level intervention: salt reduction
  – Health system intervention: Technical package for CVD management in PHC
GLOBAL HEARTS INITIATIVE
Working together to beat cardiovascular disease

mpower
Technical package to defeat the global tobacco epidemic

HEARTS
Technical package for cardiovascular disease management in primary health care

SHAKE
Technical package for salt reduction

ACTION ON CARDIOVASCULAR DISEASE:
A CORNERSTONE TO REDUCING PREMATURE NCD DEATHS BY ONE-THIRD BY 2030

www.who.int/global_hearts
Technical package for cardiovascular disease management in primary health care

HEARTS

- Healthy Lifestyle
  Counsel on tobacco cessation, diet, physical activity and self-care

- Evidence-Based Treatment Protocols
  Simple and standardised protocols

- Access to Essential Medicines and Technologies
  Access to a core set of affordable medicine and basic technology

- Risk-Based Management
  Total cardiovascular risk assessment, treatment and referral

- Team-Based Care and Task-Sharing
  Patient-centred care through a team approach and community participation

- Systems for Monitoring
  Patient registries and programme evaluation
Priority actions for improving CVD management

- Integrate cost-effective interventions in basic primary health care packages
- Explore viable health financing mechanisms
- Scale up early detection and coverage
- Train health workforce
- Strengthen supply chain management of medicines and equipment
Summary
Supporting countries to get ready for 2018 and beyond to 2030

Development and implementation of national NCD responses

Components of national NCD responses

- Governance
- Risk factors
- Health systems
- Surveillance

- Normative work
- Technical assistance

WHO Secretariat
(through Programme Budget 2016-2017)

UN Agencies
(coordinated through the UN Task Force on NCDs)

Member States and non-State actors
(coordinated through the WHO GCM/NCD)

- Technical assistance (beyond the health sector)

- Advocacy
- Network
- Forum
Achieving the SDG target for NCDs

• Achieving the SDG target for NCD will require
  – major population level interventions to deal with a context of ageing populations, rapid unplanned urbanization and globalization of markets that promote inactivity and unhealthy diets
  – focus on the development and implementation of strong national plans that emphasize prevention and treatment access for all.
    • Successful implementation of programs to significantly reduce premature CVD mortality is key.
  – Concerted effort by all stakeholders to address these issues with robust partnerships, technical and resource support.
Time to scale up action

Third High-level Meeting on NCDs

United Nations General Assembly 2018
Thank you
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