



# Social Policy Highlight

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## Noncommunicable diseases: A global health challenge

Globally, the prevalence of most noncommunicable diseases (NCDs) is rising, with NCDs being no longer a policy challenge for higher-income countries alone – they are a concern also for many developing countries. In spite of this, the last decade has seen important advances in the prevention and control of them. In parts of Western Europe, North America and Latin America, significant reductions in cardiovascular disease deaths, together with declines in the prevalence of high blood pressure, stand as clear evidence of progress. Across many countries, there is an emerging consensus in favour of holistic “health systems” approaches that are deemed more effective at preventing and controlling NCDs. Notwithstanding these positive trends, challenges remain. As this *Highlight* concludes, to combat the negative impacts of NCDs on health, society and the economy, much more can be done. In this regard, a coordinated approach to the design of social security and health care systems, which recognizes the cumulative influence of various settings on individual health and well-being, should orient policy responses more in the direction of prevention and early detection. In doing so, fuller realizing the potential and niche of social security systems to address NCD risks at the workplace, a priority setting for health promotion, should be a prime objective.

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### Noncommunicable diseases (NCDs): Incidence and risk factors

NCDs are a group of non-infectious and non-transmissible conditions that include cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, as well as musculoskeletal conditions and mental health problems. The first four of these cause almost two thirds of global deaths, with cardiovascular diseases alone accounting for 48 per cent of all NCD deaths globally. Over the next decade the number of NCD-related deaths is projected to increase by 15 per cent.

Most NCDs can be linked to four behavioural and lifestyle risk factors – tobacco use, physical inactivity, unhealthy diet and the

#### This issue

- Examines noncommunicable disease (NCD) incidence and risk factors and evaluates progress in tackling NCDs
- Summarizes the impacts of NCDs on social security and health care systems
- Highlights good practices in preventing and controlling NCDs
- Recommends the workplace as a priority setting for health promotion by social security

harmful use of alcohol. Stress is another modifiable risk that can contribute to or exacerbate most major NCDs, including most notably mental illnesses. Occupational risk factors play a major role in a number of medical conditions, such as certain cancers or chronic back pain, and may exacerbate the influence of existing behavioural and lifestyle risk factors. These factors, together with associated physiological risk factors like hypertension, overweight/obesity or high cholesterol, offer a set of focused targets to help prevent and mitigate the negative impacts of NCDs. Often, risks can be addressed at a relatively low cost – cost-effective and evidence-based interventions such as anti-tobacco campaigns, promotion of healthy diets, workplace health promotion and certain cancer screenings can have profound positive impacts.

The prevalence of NCDs and associated risk factors vary across regions, by age and between genders. Of note, NCDs are no longer a rich-country phenomenon: NCDs are currently the leading cause of death globally, with the overwhelming majority of NCD-related deaths (80 per cent) occurring in developing countries. In low- and middle-income countries, deaths due to NCDs are more likely to occur at younger ages: 29 per cent of deaths among those younger than age 60 are NCD-related, compared with 13 per cent in high-income countries. This reality is taking a heavy toll on levels of productivity and economic development and, for health systems, may imply longer average treatment duration.

### Key facts about NCDs and gender

NCD risk factors, disease incidence, access to care and impacts on employment and the care burden vary considerably by gender.

- Tobacco use by women is low compared with men, but is rapidly increasing. Lung cancer is expected to become the most common cancer in women in the next 20 to 30 years.
- Heart disease and strokes are already the leading causes of death in women in developed countries; the same will be true for developing countries by 2020.
- Women are more than twice as likely as men to be depressed, where depressive disorders account for over 30 per cent of neuropsychiatric disabilities in women compared with only 12.6 per cent for men (WHO, 2002).
- Women in many contexts are less likely to seek or have the means to pay for NCD-related health care due to a combination of geographical barriers to access and lower economic and socio-cultural status in the household, community and society.
- Women with chronic diseases tend to earn less on average and face a higher likelihood of unemployment than men with chronic diseases, and women who are overweight or obese face barriers to promotion to managerial positions. Although chronic-disease sufferers tend to work fewer hours regardless of sex, women with chronic diseases are less inclined to cut down on hours than their male counterparts (Busse, 2010).
- Women bear a disproportionate burden when it comes to caring for people with NCDs, whether in the household or in institutional settings. According to an OECD study (Colombo, 2011), two thirds of informal long-term carers older than age 50 are women, and 90 per cent of formal care workers are women.

High-income countries continue to have the highest rates of cancers. In lower-income countries, however, it is often the more preventable cancers (e.g. cancers of the cervix, liver and stomach, which are generally caused by treatable chronic infections) that are more prevalent. Obesity rates, physical inactivity and fat consumption, while elevated in many high-income countries, are rising rapidly in middle-income countries, and the prevalence of raised blood pressure is notably higher in low-income countries.

### Impact on health care and social security systems

Health care costs are rising steadily around the world, due in no small part to the acute care needs of those diagnosed with NCDs. The costs of NCD treatment and care place a large burden on household income, with out-of-pocket expenditures often a major cause of impoverishment, especially in lower-income countries.

Treating and managing NCDs places increasing pressure on already strained health care systems, which must allocate scarce resources among competing priorities. The costs to national health care systems are substantial and rising: in many countries, five major NCDs account for almost half of total hospital spending and over a third of national total health expenditures, with cardiovascular diseases generally making up the largest share (Garg and Evans, 2011). Rising health care costs pose a double challenge for national health insurance systems: how to keep premiums in check while also meeting the imperative to expand services for treatment and prevention.

The challenges posed by the rapid rise of NCDs are not limited to health care provision alone. The growing prevalence of NCDs may translate into higher levels of early exit from the workforce, and also fewer people in the workforce as a result of barriers to employment and stigma – all of which will heighten the financial pressures on sickness, disability, social assistance and unemployment benefit programmes. Population ageing means that a growing number of older people with NCDs will require long-term care. The rise in NCDs will place added strain on existing long-term and palliative care systems, which will struggle to meet growing financial and human resource demands.

### Mental health problems as NCDs

Social security and health care systems have a direct interest in reducing the costs associated with long-term mental health disorders. A study of 13 countries found that mental health disorders account for the second largest proportion of total health expenditures as well as the greatest component of increases over time (Garg and Evans, 2011). Here the impact of the workplace, stress levels and the complex interrelation with risk factors in other settings pose a challenge to social security systems. The ISSA's work on sickness, disability and return to work programmes has revealed that mental health disorders pose serious challenges for disability programmes particularly, but preventive measures and early intervention can make a positive difference.

## Important advances, remaining challenges

The last decade has seen important advances in the prevention and control of NCDs. In parts of Western Europe, North America and Latin America, significant reductions in cardiovascular disease deaths, together with declines in the prevalence of high blood pressure, stand out as clear signs of progress. At the global level, increased attention to NCDs, including a High Level Meeting of the UN General Assembly on the issue in September 2011, has energized efforts at the national level. A WHO survey of 157 countries revealed significant increases in the number of countries putting in place plans, policies or strategies to combat NCDs from 2000 to 2010, with most countries surveyed currently having at least one policy or strategic initiative to address NCDs.

Countries are increasingly pursuing approaches that address more than one NCD and/or risk factor. This shift reflects an emerging consensus that holistic “health systems” approaches are more effective at preventing and controlling NCDs than “disease-specific” approaches, which have traditionally operated outside of the general health care structure.

### The workplace: A priority setting for health promotion

The workplace should be considered a priority setting for addressing psychosocial risks – it directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the promotion of health to a large audience. Being employment-based and often integrating employers and workers in its structures, social security has a particularly promising position as regards workplace health promotion. Occupational safety and health measures can contribute to improving the employability of workers through workplace (re)design, maintenance of a healthy and safe work environment, training and retraining, assessment of work demands, medical diagnosis and health screening. Importantly, measures taken at work have large impacts on non-work-related health factors such as NCDs. Specific good practices include providing tobacco free working environments, promoting and providing healthy eating options in work canteens, employers that encourage physical activity, and measures to reduce stress and promote a healthier work-life balance.

Despite these positive trends, key challenges remain. Most NCDs are still on the rise around the world, suggesting that much more needs to be done to orient health systems toward prevention and early detection. Many country programmes to address NCDs are underfunded or not yet operational, suggesting a lack of political will that undermines the ability of health care systems to deal effectively with this growing problem. Progress will continue to be slow if funds mobilized for NCD prevention and treatment efforts remain insufficient. Similarly, evidence from ISSA member organizations involved in preventive health activities suggests that the development of integrated national prevention strategies is incomplete at best: while

newer programmes tend to be more general in nature, they nevertheless operate alongside existing disease- or risk-specific initiatives.

The underdevelopment of NCD monitoring and surveillance systems is particularly problematic. Especially in developing countries, where the need for surveillance is greatest, weak national health information systems compromise the collection of standardized data on NCDs and their causes. This further stalls progress toward more effective prevention and disease management.

## What can social security and health care systems do?

The good news is that most NCDs are largely preventable, treatable and controllable. There is ample opportunity for policy-makers and social security and health care systems to put in place mechanisms that facilitate prevention, early detection and prudent disease management. To do so, efforts should be focused on two critical areas.

### Prevention, and early detection and treatment

The ISSA’s work on proactive and preventive approaches to health calls for consideration of both primary (disease prevention) and secondary (early detection and treatment to mitigate the impacts of an existing disease) prevention strategies. This approach, to maximize the “return on prevention”, is consistent with the WHO’s focus on cost-effective and evidence-based interventions.

According to the WHO, the incidence and progression of NCDs could be considerably curtailed by targeting the four principal behavioural and lifestyle risk factors driving NCDs. In this vein, a number of cost-effective interventions are proposed which offer the promise of substantial returns. These interventions include both primary and secondary prevention strategies.

While ministries of health and health care providers are best situated to pursue the majority of interventions, a number of interventions stand out as particularly suited to social security agencies. These include, the integration of health promotion at the primary care level and early detection through health check-ups that offer health risk counselling and health promotion for disadvantaged groups or children. Successful experiences of interventions by social security stand out with regard to prevention and health promotion in the workplace – a setting where social security has privileged access. Here, social security measures to encourage improvements in work organization and the working environment can have a positive impact on a number of parameters such as mental health and stress, nutrition and health, tobacco use, and therefore on overall NCD levels.

### Institutional transformation

To succeed in prevention efforts, social security and health care bodies should work within the framework of national NCD strategies to strengthen institutional capacities to respond to and anticipate NCD developments. Such a dynamic approach to NCDs requires moving toward three objectives.

## Cost-effective interventions suited to social security agencies

Risk factor/disease	Interventions
Tobacco use	<ul style="list-style-type: none"> <li>– Smoke-free indoor workplaces and public places</li> <li>– Health information and warnings</li> <li>– Offer counselling to smokers</li> </ul>
Harmful alcohol use	<ul style="list-style-type: none"> <li>– Public awareness and counselling on hazardous drinking</li> </ul>
Unhealthy diet and physical inactivity	<ul style="list-style-type: none"> <li>– Public awareness via mass media and workplaces about diet and physical activity</li> <li>– Offer counselling on primary care</li> </ul>
Cardiovascular disease and diabetes	<ul style="list-style-type: none"> <li>– Public awareness and counselling for people with a high risk of heart attacks and strokes</li> </ul>

Source: Adapted from WHO (2011).

**Improve access and coverage.** Health systems must strive to improve access to health care, especially for the most vulnerable populations. One of the main drivers of the rapid growth in NCDs and NCD-related costs is delaying treatment until diseases reach an acute stage. This is often due to access barriers that include prohibitively high costs. Improving access to preventive interventions will enable people to seek treatment earlier, or possibly avoid the disease altogether. On the one hand, health infrastructure must be expanded and NCD screenings integrated into primary care structures to reach the widest population possible. On the other hand, a key task for health insurance schemes is to provide financial risk protection for health care-related contingencies. To support national prevention efforts, health insurance schemes must cover all NCDs, including lifting exclusion clauses for pre-existing conditions, and reinforce efforts to cover excluded or vulnerable groups.

**Bolster health information and management systems.** Good disease monitoring and surveillance is a critical first step toward well-designed, cost-effective and sustained NCD prevention and treatment. Good monitoring and evaluation systems – including monitoring risks, monitoring outcomes and assessing health system capacities and responses – depend on accurate and complete data on the NCD risk factors, disease incidence and cause-specific mortality, disaggregated by gender and other variables to capture differential disease dynamics among vulnerable groups. Social security agencies are key actors in developing these systems through strengthening data collection and ICT capabilities, and adapting priorities to national needs where capacities are limited. These efforts must be bolstered through coordinated policies and systems that link relevant actors in systematic monitoring, surveillance and evaluation activities.

**Foster integrated and comprehensive strategies.** Evidence is mounting on the advantages of pursuing more integrated “health systems” approaches to NCD prevention. Ultimately, how institutions are organized will reflect national needs, priorities and institutional legacies. Where disease-specific programmes have been successful, national agencies may capitalize on such successes with a view to strengthening overall health care and prevention programmes. Linking programmes “diagonally” (e.g. linking breast cancer detection to reproductive and maternal and child health interventions, or even integrating chronic communicable disease management for diseases like HIV/AIDS with chronic NCDs like hypertension and diabetes) may be a good way forward, especially in resource-strapped contexts. Finally, strategies to combat NCDs must be comprehensive and rooted in strong and integrated health systems. Comprehensive strategies should align NCD-related priorities with those of social security programmes, such as sickness, disability, unemployment and social assistance.

## Orienting social security in the direction of prevention and early detection

Traditionally, social security systems have provided vital protection from disease-related risks and contingencies, primarily in the form of income replacement. Going forward, social security organizations are establishing themselves as leaders in promoting proactive and preventive approaches to health, including in measures to address NCDs. Taken together, coordinated institutional efforts to tackle NCDs through prevention and early detection measures constitute a dynamic approach to NCD prevention and management for social security organizations. In this regard, due attention must be given to the important workplace dimension of NCD risks and the positive role of the workplace in risk prevention. With the support of the ISSA, and with interventions directed by the development of ISSA tools and guidelines, national social security systems should consider all feasible options for orienting the objectives of social security programmes further in the direction of prevention and early detection.

### Australia’s National Partnership on Preventive Health

Australia’s National Partnership on Preventive Health stands out for its comprehensive and integrated approach to chronic disease prevention, including preventive health measures to address lifestyle-related chronic diseases. A key element is the establishment of the Australian National Preventive Health Agency, charged with working across portfolios, jurisdictions and sectors to target lifestyle risks driving chronic conditions. The agency conducts research to inform policy on preventive health, developing surveillance capacities and programmes to address tobacco use, obesity and alcohol and substance abuse.

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The **International Social Security Association (ISSA)** is the world’s leading international organization bringing together national social security administrations and agencies. The ISSA provides information, research, expert advice and platforms for members to build and promote dynamic social security systems and policy worldwide.

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