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# **NON-COMMUNICABLE DISEASE PREVENTION AND CONTROL: A GUIDANCE NOTE FOR INVESTMENT CASES**

**2019**



**#beatNCDs**

**UN INTERAGENCY  
TASK FORCE ON NCDs**



**@un\_ncd**



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## ABBREVIATIONS

<b>BCR</b>	Benefit-cost ratio
<b>CVD</b>	Cardiovascular disease
<b>FCM</b>	Friction cost method
<b>GDP</b>	Gross domestic product
<b>HCA</b>	Human capital approach
<b>ICA</b>	Institutional and context analysis
<b>LMICs</b>	Low- and middle-income countries
<b>NCDs</b>	Non-communicable diseases
<b>OHT</b>	One Health Tool
<b>PAF</b>	Population attributable fraction
<b>ROI</b>	Return on investment
<b>RR</b>	Relative risk
<b>UNDP</b>	United Nations Development Programme
<b>WHO</b>	World Health Organization

## PREFACE

Urgent action is needed to understand and mitigate the socioeconomic impacts of non-communicable diseases (NCDs) – principally cardiovascular disease (CVD), diabetes, cancer, and chronic respiratory disease – across the world.<sup>1</sup> NCDs account for significant levels of ill health in all countries. Each year fifteen million people die prematurely – between the ages of 30 and 69 – from NCDs, with over 85 percent of these deaths occurring in low- and middle-income countries (LMICs) [1].

NCDs are driven by forces that include rapid unplanned urbanization, globalization of unhealthy behaviours and population ageing. There are four main modifiable behavioural risk factors for NCDs: tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol. The metabolic risk factors that increase the risk of NCDs are raised blood pressure, overweight/obesity, hyperglycaemia (high blood glucose levels) and hyperlipidaemia (high levels of fat in the blood). Various forms of pollution and limited access to health services are also risk factors for NCDs.

Crucially, most premature NCD deaths and a substantial amount of morbidity from NCDs are preventable and avoidable. In 2017, the World Health Assembly endorsed a set of affordable, evidence-based interventions for the prevention and control of NCDs in all Member States (NCD ‘best buy’ interventions) [2]. These were first published in the ‘WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020’ [3] and updated in 2017 [4].

Addressing NCDs is integral to the 2030 Agenda for Sustainable Development [5]. Sustainable Development Goal (SDG) target 3.4 calls for a one-third reduction in premature mortality from NCDs by 2030. Many other SDG 3 targets are important for NCDs.<sup>2</sup> Achieving the NCD-related SDG 3 targets can deliver shared gains across the development agenda, given the multidirectional relationship between NCDs, poverty, inequalities, economic growth, climate action and other SDG goals and targets. Progress in these areas would benefit NCD responses in turn.

Responding to NCDs requires action across sectors. WHO and UNDP, as part of a larger UN system-wide response, support whole-of-government and whole-of-society NCD responses. WHO, in line with its thirteenth General Programme of Work, provides technical assistance to the health sector to map the epidemic, set national targets, develop multisectoral policies and plans, and enable health systems to respond. UNDP, in line with its Strategic Plan 2018-2021 [6] and HIV, Health and Development Strategy 2016-2021 [7], supports NCD action within and beyond the health sector, leveraging its work to keep people out of poverty, strengthen effective and inclusive governance, and build resilient and sustainable systems for health.

The negative effects that NCDs have on health comprise just one aspect of the problem. Evidence shows that NCDs can reduce productivity, curtail economic growth and trap those affected in poverty, thereby holding back individuals, families and countries from realizing their social and economic potential. For LMICs, the economic costs of inaction on NCDs are estimated to exceed US \$7 trillion between 2011 and 2025 [8]. At the household level, NCDs can exacerbate poverty, perpetuate intergenerational deprivation and reinforce gender inequities.

Governments are requesting the assistance of the United Nations (UN) and partners to quantify the national-level costs of treating NCDs, the costs of NCD burdens on the economy, the costs of interventions to prevent and control NCDs, and the return on investment (ROI) of those

<sup>1</sup> According to June 2018 WHO figures, CVD accounts for the most NCD deaths globally, 17.9 million deaths annually, followed by cancers (9.0 million), respiratory diseases (3.9 million) and diabetes (1.6 million). These four groups of diseases together account for over 80 percent of all premature NCD deaths [1].

<sup>2</sup> For example, targets 3.a on implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), 3.5 on the harmful use of alcohol, 3.8 on universal health coverage, 3.9 on pollution and 3.b on access to medicines.

interventions. This is especially important for LMICs, which are contending simultaneously with a moderate to high burden of infectious diseases, including HIV, tuberculosis, malaria, and water-borne diseases, as well as malnutrition and maternal and perinatal conditions. Heads of State and Government or their representatives have committed to develop national NCD investment cases in the 2018 'Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.'<sup>3</sup>

This Guidance Note is a collaboration between WHO and UNDP.<sup>4</sup> It includes experiences of an initial set of investment cases carried out in fourteen countries.<sup>5</sup> There are two components to an NCD investment case – an economic component and an institutional and context analysis (ICA). This Guidance Note focuses on how to undertake the economic component of NCD investment cases. The ICA is referred to and summarized in this Guidance Note, and a more detailed description of the ICA method is annexed.

Investment cases are part of a UNDP-WHO Joint Programme to catalyze multisectoral action in Member States to reduce the burden of NCDs. The Joint Programme is part of the larger work of the UN Interagency Task Force on the Prevention and Control of NCDs.<sup>6</sup>

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