

Issues Paper The EU Role in Global Health

GENERAL COMMENT:

The World Heart Federation¹ and the European Heart Network² welcome the opportunity to comment on the Issues Paper on the EU role in Global Health.

Over the last few years, and since the drafting of the Millennium Development Goals, data has become increasingly available pointing to a change in the global health landscape and notably to a dramatic rise in the burden of non-communicable diseases (NCDs) in low and middle income countries. Yet, this is not taken into consideration by the EC development policy framework. The current consultation provides an opportunity to rectify this omission.

NCDs are among the great neglected global health issues. World Health Organization (WHO) data and projections speak for themselves:

- NCDs, which include cardiovascular disease, diabetes, cancer and chronic respiratory diseases, cause 60% of all deaths globally.
- Some 80% of deaths from NCDs occur in low- and middle income countries.
- NCDs represent 44% of premature deaths worldwide.
- Of the 35 million deaths caused each year by NCDs, 28 million occur in developing countries. Half of these (14 million) could have been prevented.
- Projections estimate that global deaths from NCDs will continue to rise over the next 10 years, with the African region expected to see the highest relative increase (27%).

The World Bank estimates that one third of the poorest two quintiles (people living on US\$1-2 a day) in developing countries die prematurely of NCDs.

¹ <http://www.worldheart.org/>

² <http://www.ehnheart.org/>

Despite this, these diseases and their risk factors, such as tobacco consumption, unhealthy diets and physical inactivity have received virtually no political attention and are absent from the global health agenda. As a result, the investment into tackling NCDs and their risk factors is grossly insufficient. In 2006, out of the USD\$20.6 billion in ODA provided by 24 OECD/DAC countries and the EC S\$0.1 billion went to basic nutrition and there was no specific investment in the prevention and control of NCDs.

The Millennium Development Goals have stated that health is critical to the economic, political and social development of all countries, yet they contain no goals or targets for NCDs, the largest burden of disease in low- income countries. We cannot hope to achieve the health goals if the largest burden of disease is ignored. Integrating the prevention of non-communicable diseases into the global health and development agendas is not only achievable but also a priority for developing countries.

Key recommendations:

- Acknowledge the changing features of the health landscape in low- and middle-income countries and support efforts to include NCD indicators under MDG 6 at the MDG Review Summit to be held in September 2010
- Acknowledge the immense social and economic burden of NCDs to low- and middle-income countries
- Recognise the contribution of NCDs to health inequalities and widening gaps in health outcomes
- Recognise NCDs as a global health priority, and develop a comprehensive strategy aimed at strengthening the overall capacity of health systems in low-income countries which takes into account NCDs
- Support the calling of a United Nations General Assembly Special Session on NCDs and to ensure the availability of essential medicines for people living with NCDs in low- and middle- income countries.
- Support the WHO NCD Action Plan; support full implementation of the Framework Convention on Tobacco Control; support the WHO Strategy on Diet, Physical, Activity and Health
- Promote other cost-effective interventions aimed at preventing NCDs and/or reducing their associated morbidity and mortality
- Recognise that involvement of civil society organizations in national planning, decision making, implementation and evaluation is crucial
- Train staff across all relevant sectors to understand the role that social determinants of health and other policies such as trade and taxation play in the wellbeing of citizens and hence the economic prosperity of countries

QUESTIONNAIRE:

Question 1: In your opinion, does the proposed concept 'global health' cover the most relevant dimensions? If not, which other essential factors would you suggest?

The document makes a very brief reference to additional challenges to progress towards the health-related MDGs without explaining why and how they pose additional challenges. The document should also recognize that these additional challenges pose a threat to all of the MDGs and not just MDG 4, 5 and 6. For example: non-communicable diseases (NCDs) are already the leading cause of death worldwide and the death rate is expected to increase with the NCD epidemic growing faster in poor countries than in rich ones. NCD mortality rates in Africa are rising much faster than anywhere else in the world with an expected increase in deaths of 27% over the next 10 years.

The document makes no reference to the double burden of disease in low-income countries where NCDs are fast rising alongside the existing burden of infectious disease, maternal mortality and child survival. This double burden is taking place in countries that are the most ill-equipped to deal with it.

Question 2: Are the effects of globalisation on health, on the spread of diseases (whether communicable or life-style non-communicable) and on equitable access to health care sufficiently described?

The document fails to underline the links that exist between globalization, poverty and the spread of NCDs. The erroneous assumption that NCDs are the "lifestyle diseases" of the rich or the elderly while, in actual fact, the greatest burden of NCDs lies in poor and disadvantaged communities is not addressed. In low-income countries, NCDs are exerting a double burden on the poor, alongside the very real issues of infectious disease, maternal mortality, and child survival.

Erratic urbanization, unequal access to fresh products which are most of the time too expensive for the largest part of the population, and wide availability of cheap, calorie-rich foods and tobacco, has led to the rapid increase of risk factors for NCDs in low-income countries. Combined with weak health systems, the result is that NCDs are not only developing fast in low-income countries, but that they also strike people at a much younger age than in developed countries. NCDs strike the poor that cannot live healthy lives because of limited means, and who, once sick, cannot access adequate care since this is often too expensive or geographically too far away. When people suffering from

NCDs live nearby health-care centres, accessing care is often unaffordable. NCDs are thus partly caused by poverty in those settings, and in turn create a poverty trap.

Question 3: Do you consider the health-related MDGs a sufficient framework for a global health approach? If not, what else should also be considered?

The health-related MDG focus exclusively on infectious diseases and maternal and child health. Whilst the commitment must remain to achieve the existing set of goals, these goals need to take account of the changing landscape of the disease burden in low and middle income countries. This would involve widening the existing goals and targets to include NCDs in addition to infectious diseases and maternal and child health. Indeed it is difficult to understand how the overarching MDG goal of poverty reduction can be attained if the leading causes of death and fastest rising disease burden are ignored.

An immediate and urgent suggestion would be for the EU to support efforts to include NCD indicators under MDG 6 at the MDG Review Summit to be held in September 2010. In this respect, the EU could look at the precedent set by the Statement on Commonwealth Action to Combat NCDs, issued at the Commonwealth Heads of Government Meeting in Port of Spain, Trinidad and Tobago, on 27-29 November 2009. <http://www.thecommonwealth.org/files/216911/FileName/StatementonCommonwealthActiontoCombatNon-CommunicableDiseases.pdf>

Question 5: Could you identify health problems that have been neglected by the EU and international health research agenda and propose the best means to support innovation to address them, especially in low- and middle-income countries?

NCDs have been neglected by the EU and international health research agenda.

The EU should take inspiration from and support the efforts of the Global Alliance on Chronic Disease³, an alliance of institutions collectively managing an estimated 80% of all public health research funding worldwide. On 16th November 2009, the Alliance announced its first targets for concerted action in the fight against chronic NCDs. The Alliance has agreed that research must, among other things:

³ Australia National Health and Medical Research Council, Canadian Institutes of Health Research, Chinese Academy of Medical Sciences, Indian Council of Medical Research, U.K. Medical Research Council, U.S. National Institutes of Health, South African Medical Research Council, and Qatar Biomedical Research Institute

- Involve local policymakers from the outset, with a commitment to scale up successfully tested programmes.
- Measure clinical outcomes – for example, a reduction in the incidence of stroke, not just a drop in the incidence of hypertension.
- Ensure that human and other resources are not diverted from local health care systems.
- Create a tool-kit to be used later to scale up and replicate successfully tested programmes
- Include a training / capacity building component.

Question 6: Do you think that ODA commitments for health should increase, and how do you think that other sources of financing could contribute to addressing global health and universal access?

The WHO Commission on Social Determinants on Health notes that although development assistance for health has increased substantially in recent years, the total funding allocated to health remains too low to cover the need for health services. Out of the USD 20.6 billion in Official Development Assistance in 2006 provided by 24 OECD/DAC countries and the EC, a mere \$0.1 billion went to basic nutrition and there was no specific investment in the prevention and control of NCDs.

Tobacco taxation has been used by countries as a source of revenue to finance health initiatives and health promotion. Tobacco taxation can help both fund-raising and reaching public health objectives. Historically tobacco taxes have been a stable source of revenue for governments while reducing tobacco consumption. In a time when innovative financing is needed for health services and health initiatives, tobacco taxation can potentially raise funds for health promotion and health systems. The Framework Convention on Tobacco Control includes provisions on tobacco taxation which have been integrated into most national legislation around the world.

Question 8: In the context of aid effectiveness and alignment of financing to national priorities, what can be done to make sure that adequate attention is paid to health priorities and to strengthening health systems?

The alignment to national priorities by donors must pay greater attention to the needs as expressed by recipient countries and local communities at grassroots level. The current focus on strengthening of health systems should be continued while ensuring that it is not limited to strengthening health systems as they relate only to infectious diseases and maternal and child health. It is the same health systems that have to deal with the burden of NCDs.

Question 12: What impact will the global crisis (climate change, food prices and economic downturn) have on global health and what could be done to help mitigate their ill effects?

The global crisis obviously has an impact on global health as it leads to an increased demand (or a projected increase in demand) on health systems allied to increased pressures on domestic and donor budgets. The response to all of these crises should not be to shift resources away from health as there is already a global health crisis.

It should be noted that the MDGs were defined at a time when global recession and global food crises were not anticipated, when climate change was still being doubted, and when the burden and the negative socioeconomic impact of NCDs was not adequately recognized. Today's reality is far different and the MDG Review Summit in September 2010 needs to reflect this reality.

Question 13: What should be the role of civil society in the health sector, at national and local levels?

Civil society has a vital and multi-dimensional role to play in health at international, regional, national and local levels. Civil society organizations are key partners in terms of advocacy, education and training and providing expertise. Capacity building of civil society organizations is a very cost effective way of improving health and health outcomes and the EU should invest in this. Efforts should also be made to encourage fragmented civil society groups to link up and collaborate more actively. Notably groups involved in infectious diseases and NCDs should join forces and create greater synergies.

Question 15: What role do you see for new technologies (including telemedicine) in enabling developing countries to provide access to care even in remote areas and to allow better sharing of knowledge and expertise between health professionals, and how can the EU support this?

New technology can play an increasingly important role in enabling developing countries to provide access to care. Concrete examples would be:

- transmitting diagnostic imaging for screening (e.g. echocardiography for Rheumatic Heart Disease screening) or diagnosis and giving advice on treatment.
- transmitting data to disease registries from distant points and transmitting reports based on centralized registries back to clinics or practitioners

- providing reminders to patients re: appointments, medications, screening, prophylaxis

Question 17: What could the EU do to improve the research funding for global health?

The complexities of applying for research funding via the FP7 are a very real barrier to researchers and research institutions in low-income countries who are unable to devote specific resources to this. Simplification of the process and providing assistance to research and academic institutions in low-income countries will help improve their research capacity.

Question 19: How do you think national capacity and local scientists in low-income countries could be empowered to conduct research relevant to their countries' priorities?

As with question 17, simplification of FP7 making it more accessible to scientists from low-income countries.

Brussels, 3rd December 2009