

Noncommunicable Diseases and Mental Health in Developing Countries: What role does the UK have to play?

- **60% of deaths in the world are due to noncommunicable diseases—80% of which occur in developing countries—yet they attract only 3% of donor aid.ⁱ**
- **Worldwide, two-thirds of people with mental health issues do not receive the treatment they need; in developing countries, that figure is 90%.ⁱⁱ**

NCDs – what are they and why are they important?

Noncommunicable diseases (NCDs) are diseases that are not infectious. Diabetes, heart disease, common cancers and lung diseases are often referred to as the “four main” NCDs, because they share behavioural drivers, such as tobacco smoking, harmful use of alcohol, poor diet, physical inactivity and indoor fuel use, and because they are responsible for most deaths and disability in the world¹ⁱⁱⁱ.

This pandemic is spreading most rapidly in low and middle income countries and is increasingly affecting the poor in these countries, resulting in a combined burden of NCDs, infectious diseases, maternal and child health problems, mental health issues and injuries. Avoidable NCDs also pose a higher burden in developing countries by significantly impacting economic productivity and health systems. People living with NCDs often lack access to affordable essential medications and technology.

Mental health issues are commonly co-morbidities of NCDs, infectious diseases and extreme poverty. They are frequently hidden, ignored or stigmatised. They are the third leading cause of disease burden today, predicted to be the leading disease burden by 2030^{iv}.

The United Nations Summit on NCDs held in September 2011 has committed the global community to taking action on noncommunicable diseases, and **the UK has the potential to play a leading role.**

The United Nations and WHO have emphasised that a ‘whole-of-government, whole-of-society’ approach is needed to prevent and control NCDs, necessitating action from multilateral agencies such as the WHO, national governments, civil society, the private sector, research and academia. It is not a problem that can be solved by health systems alone.

A timely opportunity to act

There is a significant opportunity for national governments to impact NCDs immediately by accelerating the implementation of the Framework Convention on Tobacco Control.

¹ Many find that focusing on four NCDs is unhelpful, because it excludes other diseases that are not infectious —like mental health issues and injuries and overlooks achievements that can be made with a more inclusive approach.

In 2012, the Rio+20 Summit will provide an occasion to take action on NCDs by incorporating them into discussions on global sustainability. What is good for the planet is also good for communities and individuals—for example, more walking and cycling and less use of private cars, greater consumption of locally grown fruit and vegetables and reduced consumption of meat, and replacement of tobacco crops with a greater diversity of healthy crops.

The Millennium Development Goals (MDGs), which expire in 2015, do not address NCDs or mental health directly. There is an opportunity now to build the prevention and treatment of NCDs and the promotion of mental health into the post-MDG framework.

What can UK research contribute?

UK research can help to understand what interventions work—and, crucially, don't work—in preventing and treating NCDs and mental health problems within developing countries. Ensuring populations develop health behaviours that protect them from new risks associated with economic development is key.

Health education alone is usually ineffective for noncommunicable diseases and their risk factors. Social, economic and environmental determinants such as the price, availability and marketing of health-damaging products, the shift towards sedentary jobs and the nature of the built environment all affect the ability of individuals to adopt healthy lifestyles. To change one's behaviour, one's environment must change, making the healthy choice the easy choice.

Beyond the UN Summit

The 2011 UN Summit on NCDs highlighted the pressing need to address NCDs globally, particularly in developing countries which are the hardest hit but have the least resources.

The Cambridge Post-UN Summit Conference on 20th January 2012 explored next steps for the UK by gathering experts from academia and civil society with representatives from the private sector, the media and government departments. The conference discussed how UK experience and expertise can most appropriately and effectively be deployed to prevent and control NCDs and promote mental health in the developing world.

Based on the outcomes of the conference, **the Humanitarian Centre makes the following recommendations:**

- 1.** The UK Government should advocate for the inclusion of noncommunicable diseases (NCDs) and mental health in the post-Millennium Development Goals (MDG) framework, and it should play a leading role in implementing the recommendations in the United Nations' declaration from the Summit on NCDs.
- 2.** The UK Government should offer UK expertise and technical assistance to support national governments in low and middle income countries to develop national plans on NCDs and to implement the Framework Convention on Tobacco Control.
- 3.** The UK Government should lead by example:
 - Tackling NCDs requires an integrated approach: climate change, food security, and sustainable development discussions must include consideration of NCDs. In general, urban design, agriculture, transport and trade policy should incorporate health considerations in their impact assessments and legislation processes.

- Tackling NCDs also requires a multi-sectoral approach: governments at all levels must take responsibility for regulation, legislation and taxation for the prevention of NCDs; civil society organisations must be included in developing strategy and delivering programmes; and the private sector can also play an important role provided the shared objective is public health and there is transparency about competing interests. Calls have been made for the development of a 'Code of Conduct' that sets out a clear framework for interacting with the private sector and managing conflicts of interest in addressing NCDs.
4. Research needs to be funded and supported to identify effective NCD and mental health interventions which are tailored to suit developing country contexts. This includes increased quantitative and qualitative data collection for disease monitoring and evaluation of intervention outcomes. We need to work with national governments and develop local capacity to undertake adequate research and monitoring related to NCDs.
 5. The newly formed UK All Party Parliamentary Group (APPG) on Global Health should pay special attention to NCDs and mental health in its agenda for 2012.
 6. NCD prevention and control should be integrated into the UK's international development policies. The Department for International Development (DFID) should continue to develop programmes for NCDs and mental health and devote funding to these issues.

For more information

- Visit www.ncdalliance.org; www.heartforum.org.uk; www.ncdaction.org; and www.centreforglobalmentalhealth.org for facts, resources and campaigns on NCDs and mental health in developing countries.
- Visit www.appg-globalhealth.org.uk for details about the new APPG on Global Health.
- Contact the Humanitarian Centre at +44 (0) 1223 760885 for more information about the Cambridge Global Health Year and how to get involved.

The Humanitarian Centre is a Cambridge-based network for international relief and development. From 2011-2012, it is hosting the Cambridge Global Health Year, bringing together experts from across disciplines, sectors and countries to share ideas and best practice on the most pressing global health issues. www.humanitariancentre.org

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ⁱ Nugent, Rachel and Feigl, Andrea, Where Have All the Donors Gone? Scarce Donor Funding for Non-Communicable Diseases (November 01, 2010). Center for Global Development Working Paper No. 228. Available at SSRN: <http://ssrn.com/abstract=1824392> or doi:10.2139/ssrn.1824392

ⁱⁱ Patel V, Thornicroft G, 2009 Packages of Care for Mental, Neurological, and Substance Use Disorders in Low- and Middle-Income Countries: *PLoS Medicine* Series. *PLoS Med* 6(10): e1000160. doi:10.1371/journal.pmed.1000160

ⁱⁱⁱ <http://www.who.int/nmh/en/>

^{iv} http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part4.pdf