



UCL POLICY BRIEFING – JUNE 2014

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KEY FINDINGS

- A **comprehensive approach** which takes account of all NCDs and all risk factors is required to address NCDs
- Addressing the **social determinants of health** – the ‘causes of the causes’ – is essential to address NCDs
- Consideration of **socioeconomic and environmental factors** is vital in tackling NCDs
- There is an important role for appropriately designed **behavioural interventions**
- **Collaborating between pharmaceutical companies** can speed up R&D on NCDs

Addressing global non-communicable diseases

Introduction

This briefing note provides a summary of the discussions at a UCL Grand Challenge of Global Health seminar on the policy challenges for addressing global non-communicable diseases (NCDs). It discusses: the need for a more comprehensive approach to combating NCDs; the social determinants of health; how behavioural interventions can address NCDs; and the role that pharmaceutical companies could play in tackling NCDs.

Rethinking the NCD paradigm: a comprehensive approach

The current paradigm for addressing NCDs involves focusing on a specific group of the four NCDs (cardiovascular disease, diabetes, cancer, and chronic respiratory disease) which account for 80% of NCD-related deaths, and the five risk factors (tobacco, salt, diet, alcohol, and lack of access to medicine) that contribute to 80% of those NCDs. However, there are several issues with this approach:

- It **excludes other NCDs, such as mental illness, neurological diseases and musculo-skeletal diseases** which are still very significant. Whilst these four NCDs account for 80% of NCD-related *mortality*, they do not account for the same proportion of *morbidity*. Indeed, they account for only about half of the disability-adjusted life years associated with NCDs – one measure of morbidity.
- It fails to consider **socioeconomic factors** and doesn't work well in **high-income countries**
- It fails to consider **other important risk factors**, such as infection and occupational issues.

These problems are illustrated by a study in North Karelia, Finland, where interventions based on the four disease paradigm failed to produce a greater reduction in mortality than in control cities. These results have been replicated in studies elsewhere. A **more comprehensive approach** is needed that goes beyond the four diseases and five risk factors. This should comprise three strands for addressing global health and NCDs: **combating climate change; focusing on sustainability; and focusing on all NCDs.**

THE GLOBAL ALLIANCE FOR CHRONIC DISEASES

- The GACD is a collaboration between funding agencies to support research into NCDs particularly in low- and middle-income countries
- It puts out one call per year for research revolving around a specific theme (eg diabetes in 2013)
- Members include the Medical Research Council in the UK and the National Institutes of Health in the US
- GACD seeks to fund implementation-focused research that will serve as an evidential basis for policy

Social determinants of health and non-communicable diseases

Low and middle income countries face the dual burden of infectious disease and NCDs, while in high-income countries the disease burden is mostly NCDs. It is therefore necessary to address the social inequalities that cause health inequalities. There is evidence of a **clear social gradient in health**, where **lower socioeconomic status is correlated with poor health**. For example, in England, circulatory disease death rates fall as socioeconomic status rises; while across Europe, life expectancy is higher in those with better education – thus, poor health is not simply the result of individual choices

This **social gradient also affects risk factors in health** – for example, lower socioeconomic status is correlated with higher obesity levels. The Marmot Review *Fair Society, Healthy Lives* emphasised the need to address health challenges by **looking beyond lifestyle-related causes of disease** (e.g. high blood pressure, smoking) and focus on the ‘**causes of the causes**’ – that is, the social determinants of health.

Policymakers are taking action and developing policies that focus on health and wellbeing. Many European governments have incorporated the Marmot Review’s principles into policymaking. In the UK, 49% of local government officials in England said their priority was to focus on the principles identified in the Marmot Review. Local government in Malmo, Sweden has commissioned work towards a socially sustainable community to address social inequality. A key facet of the social determinants approach to health is **viewing every sector as a health sector** and taking the concept of social justice seriously. Authorities must empower individuals and communities by creating the conditions that allow them to take responsibility for their own health.

The role of pharmaceutical companies in addressing NCD

A parallel can be seen between the way infectious diseases like HIV have been addressed in Africa and the way forward in addressing NCDs. Pharmaceutical companies initially blocked the use of generic antiretroviral drugs in Africa, citing patent law violations. Campaigners put pressure on the pharmaceutical industry to begin allowing the use of generic antiviral drugs and GSK now provides free licenses to companies distributing its antivirals in Africa. The

CASE STUDY: GSK

The pharmaceutical company GSK has taken a number of actions to address NCDs, including establishing a Developing Countries Unit with an access focused business model, capping prices in low-income countries at less than 25% of the UK price and reinvesting 20% of the profits made in low-income countries in healthcare infrastructure.

BACKGROUND

Non-Communicable Diseases – sometimes referred to as “chronic diseases” – account for more deaths than any other cause worldwide. Eighty per cent of these deaths occur in the world’s poorest countries. NCDs include heart disease, lung disease, diabetes, cancer and mental illness. The Grand Challenge of Global Health NCD season is a series of events and exhibitions to highlight the global rise of NCDs which aim to challenge, provoke and inform.

Speakers

- Sir Michael Marmot, MRC Research Professor of Epidemiology and Public Health, UCL
- Dr Allan Pamba – Director Public Engagement and Access Initiatives, GlaxoSmithKline
- Robert West – Professor of Health Psychology UCL
- Celina Gorre – Executive Director, Global Alliance for Chronic Diseases
- Neil Pearce – Professor of Epidemiology and Biostatistics, London School of Hygiene and Tropical Medicine

pharmaceutical industry must reflect on this experience in deciding how to address NCDs in African and other developing countries.

The pharmaceutical industry can take a number of steps to tackle NCDs, including collaborating to speed up the R&D process; and developing access-focused business models for low-income countries.

Interventions and policies to promote behavioural change

Addressing the behaviours that contribute to ill-health will be important in addressing NCDs and may involve direct interventions or policies to alter particular behaviours. Behavioural science can support the development of evidence-based policies.

The COM-B model of behaviour change identifies the need for a change in one or more of three elements: **capability** (which may involve educational interventions); **opportunity** (which may involve restructuring environments); and **motivation** (which may involve persuasion or incentivising). The COM-B model suggests selecting interventions by focusing on their acceptability, practicality, affordability, effectiveness, safety, and equity.

One example of behaviour that contributes to disease is smoking. Combatting tobacco use in the UK involved many aspects of the COM-B model: professional health advice provided education to develop capability; changing the environmental structure of where smoking was permissible provided the opportunity and facilitated change; and higher taxes provided motivation.

It is important to address **both behavioural change and the socioeconomic inequalities** identified in the Marmot Review in addressing NCDs.

THE 6 POLICY OBJECTIVES IDENTIFIED BY FAIR SOCIETY, HEALTHY LIVES:

- Giving children the best start in life
- Enabling people to maximize their capabilities
- Creating fair employment
- Supporting a healthy standard of living
- Developing sustainability
- Strengthening prevention strategies