Zeana has type 1 diabetes and hypertension. She lives with her family in Dar es Salaam, Tanzania.

Non-communicable diseases (NCDs) are the world’s leading cause of death, disease, and disability. They are also known as chronic diseases and result from a combination of behavioural, physiological, environmental, and genetic factors. NCDs require ongoing treatment. They cannot be spread from one person to another.

Four major NCDs are responsible for almost 80% of NCD-related deaths - diabetes, cardiovascular diseases, chronic respiratory diseases, and cancers.
The immense challenge of living with a non-communicable disease in a low-resource country

Rapid demographic, sociocultural, and economic transitions are driving a surge in the number of people affected by NCDs in both low-resource and low- to middle-income countries. These include ageing, urbanisation, environmental pollution, and the globalisation of unhealthy lifestyles.

Each year, 15 million people between the ages of 30 and 69 die prematurely from an NCD — more than 85% of these deaths occur in LMICs. The large unmet need for NCD services is exacerbated by the poor accessibility and affordability of essential NCD medicines, diagnostics and related equipment.

This lack of accessibility and affordability is hindered by several global and national barriers, including weak procurement and supply chains, insufficient financing, inadequate health systems, overburdened regulatory structures, and conflicting national essential medicine lists. Remedying these concerns would allow people worldwide with NCDs to prevent or delay dangerous complications and lead healthy and productive lives. This is why Defeat NCD’s methods ensure that all national stakeholders, including authorities and non-state actors, are meaningfully involved in all phases of programming — assessment, analysis, planning, implementation, monitoring and evaluation.

Partnership for scaling up action

Why we exist

The rising tide of NCDs represents one of the greatest public and global health challenges of our times. We have arrived at a tipping point with NCDs and it is time to tip the scales in our favour.

Enormous effort has been directed by many concerned actors into advocacy, sensitising policy makers, and creating public awareness. But impact is too slow. We must scale up concrete action and provide the NCD prevention and management services that people need right now.

Who we are

The Defeat NCD Partnership is a practical response to the widespread call for action on NCDs. Formally launched alongside the UN General Assembly in 2018, we are a ‘public-private-people’ partnership anchored in the United Nations but extending well beyond to include governments, multilateral agencies, civil society, academia, philanthropies, and the private sector.

Our ambition is clear. We envision universal health coverage (UHC) for NCDs. To achieve this, our core mission focuses on assisting approximately 90 low-resource countries. These include all countries that have low- or lower-middle income status, as well as others that are more prosperous in nominal income per capita terms but still need considerable help because their development status is heavily constrained by weak technical, human resource, and institutional capacities.

Our overall timeframe is up to 2030, in line with the Sustainable Development Goals (SDGs). Our efforts are aimed specifically at SDG 3.4, the reduction by one-third of premature mortality from non-communicable diseases through prevention and treatment.

The SDGs also drive our principal values, especially that of equity through aiming to “leave no one behind” and proactively reaching out to the neediest and most vulnerable. Striving for gender equality in how we operate is a principal driver.
Cross-cutting issues

From the right to health as a human right to gender equity, the most pressing global concerns are interconnected. Making progress in one area requires careful consideration of all others - NCDs are no exception. Yet despite global recognition of the right to health, over two billion people worldwide still lack access to essential medicines.

Defeat-NCD has a rights-based approach that prioritises the needs of the most vulnerable populations, including women and girls, children, migrants, refugees, and victims of discrimination.

Gender

Women and girls suffer disproportionately when it comes to health - they bear the triple burden of reproductive and maternal health conditions, communicable diseases and NCDs. Poverty, weak infrastructure, and societal norms prohibit some women from seeking timely access to care. As a result, women with NCDs often do not receive early diagnosis and treatment, which increases preventable, premature death.

Cardiovascular diseases are the leading cause of death for women worldwide, resulting in 6.6 million deaths annually. Diabetes in women is also growing rapidly, with the current 204 million cases projected to increase to 308 million by 2045. In addition, while cervical cancer cases are dropping in high-income countries, one woman dies every two minutes from it in LMICs.

Addressing the gender gap in NCD care is essential and Defeat-NCD’s approach systematically includes gender equity in everything we do.

Climate change

Climate change dramatically influences the incidence of some NCDs, including cardiovascular diseases, some cancers, diabetes, and respiratory conditions. Direct factors include air pollution and extreme temperatures; they influence agriculture and changes in diet, which in turn increase NCDs.

This close interlinkage between NCDs and climate change requires that NCD policy responses take into account climate change adaptation and mitigation, and vice versa.

Urgent need for action

NCDs threaten progress toward the 2030 Agenda for Sustainable Development, which includes target SDG 3.4 of reducing premature deaths from NCDs by one-third by 2030.

Despite global advocacy, progress toward achieving SDG 3.4 has been slow. If cost-effective interventions are not scaled up, healthcare costs will escalate rapidly. The continued lack of investment in action on NCDs will have enormous health, economic, and societal consequences in all countries.

Bold and innovative public-private partnerships are needed to take decisive action that will defeat NCDs and achieve SDG target 3.4.

3/4 OF NCD-RELATED DEATHS OCCUR IN LOW-AND MIDDLE-INCOME COUNTRIES
The Partnership
has four key action pillars

Our practical work is organised around four interconnected pillars that constitute a comprehensive service package to tackle the most common gaps and constraints that challenge low-resource countries. We prefer a health systems approach under a UHC framework rather than verticalised disease programming.

1. **NATIONAL NCD CAPACITY BUILDING**

   All too often, fragmented NCD activities don’t optimise resources or make sufficient impact.

   We help governments, especially national ministries of health and national institutions, to assess gaps in their NCD capabilities. After helping to set up new or streamline existing national costed operational action plans, we facilitate all partners to ensure expansion of services in line with national targets.

   Defeat-NCD assistance can include epidemiological, economic and service delivery studies, training and technical advice, procurement and distribution capacity planning, catalysing the formation of domestic public-private-person partnerships, and support with organising financing.

   We prioritise the use of national expertise, institutions, and civil society to ensure inclusive and participatory policy and planning processes.

   Our overall objective is to ensure that partner countries have institutional capacities, structures, systems, and financing in place to tackle NCDs.

2. **COMMUNITY SCALE-UP OF NCD SERVICES**

   Current approaches to universal service provision for NCDs are moving too slowly. The result is preventable complications that demand costly secondary and tertiary treatment.

   Defeat-NCD seeks to demystify, democratise, decentralise, and where safely possible, de-medicalise NCD service provision. We enable the earlier screening and management of risk factors as well as the mitigation of established disease at the community level. By increasing the use of self-care interventions, we can improve patient compliance, resulting in better treatment and health outcomes.

   Forging strong partnerships with private caregivers and civil society, we solidify interlinkage between community-based and primary healthcare systems. This includes entrepreneurial and digital approaches to social mobilisation and education.

   We will also have a Humanitarian Emergency Response Facility to support people with NCDs in disasters or conflict situations.

   Our overall objective is to bring more of the necessary prevention and management NCD services directly to the communities and people who need them most.

3. **AFFORDABILITY & ACCESSIBILITY OF ESSENTIAL NCD SUPPLIES & DISTRIBUTION**

   The high cost and precarious availability of essential quality NCD medicines, diagnostics, and equipment is a problem for low-resource countries.

   To make the provision of NCD supplies simpler and more cost-effective, Defeat-NCD is designing a Marketplace to create a fair, competitive environment that serves the interests of both buyers and suppliers. Using market-sizing and price-tracking studies, the Marketplace’s methodology will correct current market failures due to information imbalances. It will also help address regulatory bottlenecks in an appropriate manner.

   By leveraging market dynamics such as pooled purchasing power, the Marketplace’s online procurement facility will ensure lower prices, improved quality control, standardisation, and more effective supply chains.

   Financial returns will be reinvested to build stronger national procurement and supply chain management capacities.

   Our overall objective is to enable the consistent provision of affordable essential NCD medicines, diagnostics, and equipment in low-resource countries.

4. **SUSTAINABLE NCD FINANCING**

   Generating the billions of dollars required to meet the global NCD targets set out in the SDGs is a challenging task. Hit hardest by the rising tide of NCDs, low-resource countries suffer a permanent burden to their health and social systems from these long-term conditions.

   Governments need to invest more in health, with a greater share allocated to NCDs in support of national costed NCD action plans (Pillar 1). Cost savings can also be achieved by linking NCD programming with other conditions and improving service delivery (Pillar 2), as well as reducing the cost of NCD drugs, diagnostics, and equipment (Pillar 3).

   Sustainable financing can include social pooling mechanisms such as insurance, micro-finance, and employment-based social welfare schemes. For remaining gaps, innovative mechanisms could bring additional monies into the NCD ecosystem, including risk-pooling, social impact bonds, and multi-country bonds. De-risked by guarantees from respected institutions and multilateral bodies, they could also bring reasonable returns for investors.

   Our overall objective is to establish a long-term sustainable financing model for NCD programming in low-resource countries.
NCDs poverty and development

Poverty contributes to NCDs, and NCDs contribute to poverty. It exposes individuals to the adverse political, economic and cultural conditions that cause NCDs and increase the risk of disability and premature death. Developing an NCD in a low-resource country or LMIC increases the risk of falling into poverty – 100 million people each year are pushed below the poverty line due to the high cost of health services.

Percentage (%) of total deaths due to NCDs, 2016

Cycle of NCDs and poverty

- Loss of income due to unhealthy behaviours
- Increased exposure to NCD risk factors
- Loss of income due to poor health and premature death
- Development of NCDs
- Limited access to equitable healthcare services and medicines

Low-resource countries in scope for The Defeat-NCD Partnership

This map is for illustrative purposes only. The designations employed and the presentation of material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or any area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
Diabetes

Diabetes in all its forms affected 125 million people in LMICs in 2017, with 60% of cases undiagnosed. Diabetes most often requires long-term treatment and care, with access to lifesaving medicines such as insulin.

Uncomplicated diabetes can lead to severe complications such as diabetic retinopathy, kidney failure, cardiovascular diseases, hypertension, and premature death. All types of diabetes can be effectively managed and related complications can be prevented or delayed with early diagnosis, treatment, and careful monitoring.

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Cardiovascular diseases

Hypertension is a key risk factor for developing other cardiovascular diseases such as myocardial infarction and stroke. It is the leading metabolic risk factor for NCDs globally, with 27% of adults in LMICs suffering from hypertension.

The prevalence of cardiovascular diseases in general continues to rise, and blood pressure-lowering drugs need to be accessible and affordable to improve hypertension control.

Cancers

Seventy percent of cancer deaths occur in LMICs, which are expected to suffer the majority of the 24.1 million predicted annual new cases by 2030. As countries become more developed, their cancer burden will not only increase, but the types of cancer observed will change.

Breast cancer is the most common cancer and the leading cause of cancer death for women in LMICs. More than half a million women are diagnosed with cervical cancer worldwide annually, with approximately 90% of cervical cancer deaths occurring in LMICs.

Largely preventable, many deaths occur due to the lack of organised screenings and HPV vaccination programmes. Both breast cancer and cervical cancer have high cure rates with early detection and treatment.

Prostate cancer is the second most prevalent cancer worldwide with 3.9 million men diagnosed each year. Rates of the disease tend to be less driven by development levels, with rates elevated in countries with low to intermediate scores on the United Nations Development Programme’s Human Development Index.

Chronic respiratory diseases

Chronic respiratory diseases cause 3.8 million deaths, 9% of all NCD deaths, and 7% of all global deaths. Approximately 94% of these deaths occurs in LMICs. We centre our programming on two main conditions: chronic obstructive pulmonary disease (COPD) and asthma.

COPD is the third leading cause of death worldwide and is a common consequence of smoking. Other risk factors include exposure to indoor and outdoor air pollution and occupational dusts and fumes. 334 million people around the world suffer from asthma. Asthma is under diagnosed and under treated, creating a substantial burden to individuals and families and possibly restricting individuals’ living and working activities for a lifetime.

Health is a key driver within the SDGs; both reducing health inequalities and NCDs are critical to achieving the overall SDG agenda.
PARTNERSHIP
The Defeat-NCD Partnership is a ‘public–private–people’ partnership anchored in the United Nations. We partner with governments, multilateral agencies, civil society, academia, philanthropic foundations and the private sector. The Partnership aims to gather and mobilise global and national knowledge, tools, capacities, and finances to benefit low-resource countries.

VISION
We envision a world with universal health coverage (UHC) for all people with NCDs.

MISSION
Our mission is to enable and assist approximately 90 low-resource countries to scale up sustained action on NCDs. These include all countries that have low- or lower-middle income status (LMIC) as well as others that are more prosperous in nominal income per capita terms but still need help due to weak technical, human resource, and institutional capacities.

ACTION
The Partnership drives comprehensive action across four interconnected service pillars:

1 NATIONAL NCD CAPACITY BUILDING: Ensure partner countries have institutional capacities, structures, systems, and financing in place to tackle NCDs.

2 COMMUNITY SCALE-UP OF NCD SERVICES: Bring more of the necessary prevention and management NCD services directly to the communities and people who need them most.

3 AFFORDABILITY & ACCESSIBILITY OF ESSENTIAL NCD SUPPLIES AND DISTRIBUTION: Enable the consistent provision of affordable essential medicines, diagnostics, and equipment in low-resource countries.

4 SUSTAINABLE NCD FINANCING: Establish a long-term sustainable financing model for NCD programming in low-resource countries.

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