



## SUSTAINING EQUITABLE HUMAN DEVELOPMENT:

### ADDRESSING NON-COMMUNICABLE DISEASES AND DISABILITY THROUGHOUT THE LIFECOURSE

*"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."*

— Article 25, Universal Declaration of Human Rights<sup>1</sup>

**The NCD Alliance**  
Putting non-communicable diseases  
on the global agenda

**HelpAge  
International**  
age helps

**HANDICAP  
INTERNATIONAL**

**A7**  
Alzheimer's Disease  
International

## 1. Introduction: the nexus of issues

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Advances in public health in recent decades have resulted in millions of avoidable deaths prevented and increased life expectancy around the world. But while people are living longer, populations are not necessarily enjoying more years of good health.

Three interconnected global trends — a growing burden of non-communicable diseases (NCDs), the rising prevalence of disability, and changing global population demographics (including rapidly ageing populations) — pose some of the greatest challenges to sustainable development in the 21st century. These issues have been collectively neglected as policy priorities during the era of the Millennium Development Goals (MDGs) yet impact on quality of life, diminish human dignity, negate human rights, and threaten to reverse the gains made towards creating and sustaining healthy human development.

As the international community begins to articulate the post-2015 development agenda, there is a unique opportunity to ensure a future framework that fully integrates NCDs, that goals and targets drive progress for all people including persons with disabilities, and that a lifecourse and rights-based approach underpins all goals and targets to ensure no one is left behind. By doing so, the post-2015 framework will be responsive to the shared barriers to development, including the lack of equitable access to economic opportunity, social services, and healthy environments to create and protect human development.

## 2. Interconnected global challenges

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### Global NCD epidemic

Non-communicable diseases (NCDs) — including cancer, cardiovascular disease, chronic respiratory diseases, diabetes, and mental health and neurological disorders (such as Alzheimer's disease) — are a major challenge to health and human development in the 21st century.<sup>2</sup> NCDs are the leading cause of death and disability worldwide, accounting for 34.5 million of the 52.8 million deaths in 2010 (65%). With 23 million of these deaths (80%) occurring in the poorest countries, NCDs exact a heavy and growing toll on physical health, economic security, and human development.

Driven in large part by widespread exposure to four common modifiable risk factors across the lifecourse — tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol — NCDs perpetuate and entrench poverty within households and communities.

### Rising prevalence of disability

Today just over one billion people, or approximately 15% of the global population, experience a form of disability.<sup>3</sup> These can be short- or long-term impairments and often place a person at a disadvantage for full, equitable participation in society. These barriers to economic opportunities and social services are exacerbated by poverty, with vulnerable populations, including women, children, and older people, disproportionately affected.

The epidemiological transition from communicable to non-communicable diseases has contributed to this rise in global prevalence of disability. NCDs are now the leading cause of disability worldwide, as many people with NCDs are likely to develop impairments as disease progresses. Although not a complete measure of the impact of disabilities, the Global Burden of Disease (GBD) 2010 found that NCDs account for 54% of all Disability Adjusted Life Years (DALYs) in 2010.<sup>4</sup> NCDs are estimated to account for 66.5% of all Years Lived with Disability (YLDs) in low- and middle-income countries (LMICs). In fact, the top contributors to YLDs are

all NCD-related — namely diabetes, chronic kidney disease, COPD, asthma and other chronic respiratory disease, ischaemic heart disease, breast and prostate cancer.

### Changing population demographics

Changing population demographics, including population growth, youth bulges and rapid demographic ageing, underpin both of these trends. The global population is expected to rise to over 9 billion people by the year 2050. Simultaneously, the world is ageing at an unprecedented rate. Today, people over 60 years of age already outnumber children under 5, with the fastest growth of the number of older persons occurring in LMICs.<sup>5</sup>

These shifting demographics are contributing to the rise in NCDs and disability, and have been recognised as important trends that must shape the post-2015 agenda. Older people are at increased risk of developing both NCDs and NCD-related disabilities. Approximately 75% of NCD deaths in LMICs occur in people over age 60.<sup>6</sup> People with disabilities are at risk of premature ageing, with those with developmental disabilities often showing signs of ageing in their 40s or 50s.<sup>7</sup>

Older persons are not the only population affected by NCD-related disabilities. NCDs are a cause of disability throughout the lifecourse, impacting as early as infancy and childhood. There is now evidence that indicates many of the risks leading to NCDs originate in the early stages of life, influenced by maternal health, birthweight, and the post-natal environment. Young people are also affected by a range of NCDs, including childhood cancers — a leading cause of illness and death for children which can cause chronic health problems and disability years after treatment; and type 2 diabetes — which is steadily increasing in the young and is associated with a range of complications, including amputations, kidney failure, and blindness. Both children and older people with NCD-related disabilities seldom receive adequate attention in health policy and service provision, and often face diminished quality of life.

### 3. Implications for human development

The NCD epidemic and associated disability across the lifecourse have a significant impact on the three dimensions that sustain human development – economic growth, social equity and environmental protection.

**Economic growth:** NCDs and disability impede economic growth by impacting on labour productivity and result in foregone national income. Over the next 20 years, NCDs will cost more than \$47 trillion USD globally, representing 75% of the global GDP in 2010.<sup>8</sup> In LMICs, NCDs (including mental illness) are estimated to cause a cumulative economic loss of US\$21 trillion by 2030.<sup>9</sup> Demographic ageing will play a major factor in increasing health expenditure, particularly due to the increased prevalence of NCDs among older persons. At the household level, NCDs, disability and poverty reinforce one another. Disability limits employment and economic participation, can cause increased out-of-pocket payments for health care, and is associated with higher rates of catastrophic expenditure and poverty.

**Social equity:** People with NCDs and disabilities, particularly children and older people, experience numerous barriers to social equity, including a lack of access to health care and services (particularly rehabilitation), limited access to quality education, and other social services. Attitudinal barriers such as discrimination and stigma cause social exclusion (particularly for women, who often face double discrimination). These barriers can compromise the capacity of people with disabilities to self-determine their own needs and care, an essential part of social equity and a key part of safeguarding human dignity in all stages of life.<sup>10</sup>

**Environmental protection:** Environmental factors — including rapid urbanisation, air pollution, and natural disasters — can increase the risk of health conditions, such as NCDs, that lead to disability and impairment. Unplanned urban design and other unsustainable environmental practices create physical barriers that limit or eliminate access to health, rehabilitation, and education. And in the wake of natural disasters, people with disabilities and older persons are often left behind in the response.<sup>11</sup>



A community worker performing rehabilitation exercises to a woman in Nepal.  
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### 4. Ensuring equitable access to health: a rights-based approach

A range of international declarations, including the Universal Declaration of Human Rights, acknowledge the rights of all people to enjoy the highest attainable standard of physical and mental health.<sup>12</sup> The landmark Convention on the Rights of Persons with Disabilities (CRPD) outlines the civil, cultural, political, social, and economic rights of people with disabilities. Similarly there have been international declarations and commitments with respect to ageing, as well as NCDs.<sup>13</sup>

In practice, these international commitments and principles are often not upheld. Persons with disabilities, people living with or at risk of NCDs, children, and older people are too often denied their right to accessible and appropriate healthcare. Barriers in accessing the full continuum of health services ensue in many countries and communities — from prevention, treatment, rehabilitation and palliative care. Given the chronic nature of NCDs and the need for access to continuous care, people with physical disabilities experience particular challenges (see Panel 1).

For these reasons, the global response to the interrelated challenges of NCDs, disability and ageing must be underpinned by a rights-based approach. People living with disabilities must enjoy full, equitable, and non-discriminatory access to prevention and treatment services for NCDs. This will involve empowering people living with disabilities and removing the barriers which prevent them participating in their communities.

#### Panel 1: NCDs, Disability, Ageing and Equity

- 80% of people with disabilities live in LMICs,<sup>14</sup> 75% of NCD deaths in LMICs occur in people over age 60, and 80% of NCD deaths occur in LMICs.<sup>15</sup>
- Inequity and the magnitude of the health problems caused by NCDs and disability is greatest among poor people.
- People with disabilities face human rights violations, including denial of equal access to health care, unemployment, and education.<sup>16</sup>
- Older women and women with disabilities are less likely to receive screening for breast and cervical cancer.<sup>17</sup>
- The costs of informal care for Alzheimer's disease are borne especially heavily by poor communities worldwide, and is associated with poverty.<sup>18</sup>
- People with disabilities may be more susceptible to developing NCDs because of the influence of risk factors, such as lack of physical activity and smoking.<sup>19</sup>
- The unmet need of essential treatments and rehabilitation services for older people and people with disabilities and NCDs leads to economic inequalities in access.<sup>20</sup>

## 5. A way forward: recommendations for the post-2015 development agenda

As the expiry date of the current Millennium Development Goals (MDGs) fast approaches, there is a unique opportunity to shape the successor framework and redefine what constitutes universal, healthy, and sustainable human development.

For the post-2015 development framework to effectively address NCDs, disability and changing population demographics, the following recommendations should be taken into consideration:

- **Health in post-2015 must measure and drive progress in quality of life, mortality, morbidity, and disability.** An overarching health goal which measures healthy life expectancy (HALE) would be applicable to all countries in the post-2015 era. HALE across the life course would measure and drive progress in reducing mortality, morbidity and disability at all ages and for all causes.
- **Adopt a lifecourse approach to health.** From an NCD and disability perspective, promoting good health and healthy behaviours at all ages is critical. All people, regardless of their age or disabilities, must be included in strategies on prevention, detection and diagnosis, management, rehabilitation, treatment and care in the post-2015 era.
- **Provide equitable, universal access to the full continuum of health services, including rehabilitation.** A key enabler for health in post-2015 should be Universal Health Coverage (UHC). But to ensure UHC accommodates for NCDs, disability and ageing, UHC must incorporate NCDs and disability services, including rehabilitation, functional support, and access to quality assured essential medicines and assistive devices and technologies.
- **Promote health literacy and self-management education for all.** Both are critical for empowering people to improve health outcomes — and enabling people to lead healthy and full lives with disabilities or incurable chronic conditions, especially the frailest.
- **Build upon existing commitments and policy frameworks for NCDs, ageing, and disabilities.** Existing declarations, treaties and action plans, particularly the UN Political Declaration on NCDs, Convention on the Rights of Persons with Disabilities, and Madrid Plan of Action must be reflected in the post-2015 agenda.
- **Adapt the “25 by 25” global NCD mortality target.** Adapt the recently adopted target to achieve a 25% reduction in overall preventable mortality from NCDs by 2025 — referred to as “25 by 25” — for the post-2015 framework.<sup>21</sup> This will ensure the timeline of the goal fits the post-2015 timeline, and the goal drives progress for all people of all ages across the life course.
- **Ensure a strong equity focus.** Echoing the report of the UN High-level Panel of Eminent Persons, the post-2015 framework should “leave no one behind”.<sup>22</sup> All goals and targets must have a strong equity focus in order to measure progress within the poorest and marginalised populations. Disaggregated data by gender, age, disability, and income will be necessary.

*“The next development agenda must ensure that in the future neither income nor gender, nor ethnicity, nor disability, nor geography, will determine whether people live or die.”*

— **The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, May 2013**

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This policy brief was drafted for the NCD Alliance by Katie Dain and Ariella Rojhani, with input from collaborating partners Handicap International, HelpAge International and Alzheimer’s Disease International, and global experts.

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