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# SUSTAINABLE DEVELOPMENT GOALS AS PART OF THE NATIONAL STRATEGIES – THE CASE OF NON-COMMUNICABLE DISEASES

## Introduction

**N**on-communicable diseases (NCDs) are a major global threat to population health. Their impact and consequences undermine social and economic development of both the local community and society as a whole. NCDs today are a leading cause of death in highly and medium developed countries, but even more so in developing countries. They are estimated to be responsible for around 30 million deaths per year, which makes up 65% of all deaths.<sup>1</sup> Around 80% of NCD-related deaths take place in low and medium developed countries, where NCD, at an increasing rate, are replacing communicable diseases and malnutrition, the once dominant causes of premature death and disability. Although it became clear that NCDs were growing into a dominant global health problem, for a long time they remained covert, misunderstood and poorly registered. The Millennium Development Goals (MDG), for example, paid them insufficient attention. While focusing on other issues, NCDs were probably misdefined as something other

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than a public health problem to be ascribed the necessary significance.<sup>2</sup> NCD mortality shows a rising trend, both globally and locally (from 31 million deaths in 2000 to the projected 52 million by 2030). NCD-induced costs in health and other sectors are high and expected to continue growing. Premature mortality and living with long-term condition or incapacity has an economic impact on families, the community, and, naturally, on the overall socioeconomic development; sick leaves and reduced productivity affect economic development; untimely diagnosis and prolonged treatment affect the health system; early retirement and loss of productivity burden the systems for social protection and assistance. Economic analyses suggest that each 10% increase in NCDs corresponds to a 0.5% decrease in annual economic growth rate.

Recognising NCDs' significant social, economic and public health effect, and their potential consequences in the event of lacking management of disease epidemic, the world leaders in September 2011 adopted a political declaration that included firm determination to manage the NCD burden. UN member states, in cooperation with WHO, produced a document and undertook obligations regarding the management of NCDs. Management of NCDs is among the basic goals in the WHO European health policy framework "Health 2020", whereas clear dedication to manage these diseases is also included in the United Nations Sustainable Development Goals (SDGs) by 2030.

Unlike MDGs, SDGs include specific NCD goals and also some goals related to NCDs. Goal 3.4 calls for the reduction of premature mortality from NCDs by one third by 2030.<sup>3</sup> Other NCD-related goals are:

- Goal 3.a on improving tobacco control;
- Goal 3.b on access to vaccines and medicines for NCDs;
- Goal 3.9 on deaths and illness from hazardous chemicals, such as air, water and soil pollution;
- Goal 3.8 refers to the broad range of promotion, prevention and treatment of NCDs.

Even though goal 3.4 does not specifically highlight diseases, but the risk factors, per se, it is clear that the NCDs of interest are the four major diseases mentioned in UN documents, that is, cardiovascular diseases (CVDs), cancer, diabetes, and chronic respiratory diseases.<sup>4,5,6</sup> Diabetes is also a risk factor of NCDs with about 11% of NCD-caused deaths associated to the high levels of blood glucose.<sup>7</sup>

NCD burden in the Republic of Macedonia (RM) considerably pressures country's health care system and its human and financial resources. NCDs-related costs in the health system are high and expected to increase in the future. Premature mortality and living with long-lasting disease or disability has an economic impact on individuals, families and society as a whole. Employers and communities carry the burden of sick leaves and reduced productivity. Families and society carry the burden of the health protection costs (direct and indirect), reduced income, early retirement and increased dependence on social protection and assistance.

The leading cause of death in RM are cardiovascular diseases (CVD) and malignant diseases, representing 76.1% of all causes of death in 2014, which shows a significant growing trend compared to 1991 (64.6%), (Table 1). Growing mortality rates are most significant for cardiovascular disease, malignant neoplasms and endocrine diseases (mainly diabetes). The standard mortality rate of cardiovascular diseases shows rise from 359.5 in 1991 to 545.6 per 100,000 individuals in 2014. Moreover, the status of premature mortality from major NCDs is much worse in RM than in the developed countries. Data indicate that early mortality figures point to the same trends registered in countries in the region with similar economy (Graph 1).

Table 1. Causes of death in the Republic of Macedonia, 1991-2014

Cause of death	Rate per 100 000 individuals (% of all causes)							
	1991	1995	2000	2005	2010	2011	2012	2014
<i>Cardiovascular diseases</i>	359.5 (49.6)	469.9 (55.1)	476.1 (56.1)	528.1 (58.4)	538.6 (57.9)	559.9 (59.2)	578.6 (59.2)	545.1 (57.2)
<i>Malignant neoplasms</i>	108.3 (15.0)	129.5 (15.3)	150.2 (17.2)	157.7 (17.5)	180.3 (19.4)	172.5 (18.2)	179.0 (18.3)	180.4 (18.9)
<i>Endocrine diseases</i>	15.7 (2.2)	18.8 (2.2)	26.5 (2.7)	34.3 (3.8)	36.1 (3.9)	37.2 (3.9)	41.4 (4.2)	40.0 (4.2)
<i>Respiratory diseases</i>	43.1 (5.9)	37.5 (4.5)	30.6 (3.6)	35.4 (3.9)	34.6 (3.7)	36.0 (3.8)	38.6 (3.9)	34.7 (3.6)
<i>Diseases of the digestive system</i>	15.7 (2.2)	18.0 (2.1)	16.6 (1.9)	16.3 (1.8)	18.0 (1.9)	16.2 (1.7)	18.9 (1.9)	19.1 (2.0)
<i>Diseases of the genitourinary system</i>	9.7 (1.3)	11.7 (1.4)	10.2 (1.2)	12.9 (1.4)	12.7 (1.4)	13.1 (1.4)	14.9 (1.5)	13.1 (1.4)
<i>Prenatal conditions</i>	19.5 (2.7)	17.5 (2.1)	12.1 (1.4)	8.1 (0.9)	6.1 (0.7)	5.1 (0.5)	8.5 (0.9)	8.3 (0.9)

Source: State Statistical Office

Analysis: Institute of Public Health of RM

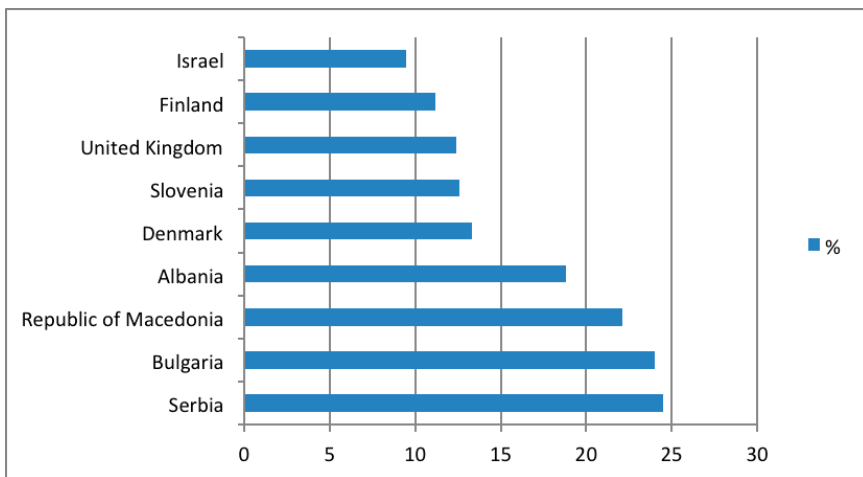
Bad diet and insufficient physical activity are among the most significant contributors to the global epidemic of overweight and obesity. The current situation in our country suggests that such problems are increasingly present in the population of the Republic of Macedonia. Data from 2015 (Food Consumption Survey of the population of the RM)<sup>8</sup> show that 62.7% of men and 48.4% of women aged above 18 are overweight, whereas 19.6% and 17.2% of men and women, respectively, are obese. According to 2016 data from WHO Childhood Obesity Surveillance Initiative (COSI) in Macedonia, 38.9% of boys and 33.9% of girls aged 7 to 8 are either overweight or obese, whereas 20.3% of boys and 16.0% of girls are obese.

Other risk factors with considerable prevalence and, therefore, impact on population health, is the increased use of alcohol, tobacco, and drugs. According to some scientific studies, this comes as a usual response in socially segregated and stratified societies, and also due to the reduction of social mobility, which results in widened health inequalities. Several surveys conducted in primary and secondary schools in the Republic of Macedonia point to an alarming state of affairs regarding harmful habits, such as use of alcohol, tobacco, and drugs among youth.<sup>9</sup> Such practices offer users false escape from difficulties and stress, making their problems even greater. In reality, alcohol intensifies those factors leading to its use. High smoking rates (around 40-45% of adult population) and very low smoking cessation rates correlate to social alienation expressed via different indicators: bad housing conditions, low income, unemployment, homelessness, etc. Smoking is very costly, particularly for people with rather low income, and it is among the more significant causes of bad health and premature death. The 2015 Food Consumption Survey showed that half of the Macedonian adult population don't practice any physical activity, whereas health-enhancing physical activity, (moderate physical activity in the duration of at least 150 minutes a week, according to the WHO recommendations), is practiced only by 8.3% of country's adult population.

Although data indicate that NCDs mortality is globally decreasing, such trend cannot ensure reaching the "25 by 25" goal from the WHO Global Monitoring Framework on NCDs (relative reduction of premature mortality by 25% by the year 2025).<sup>10</sup> Specific actions targeting NCDs need to be taken, since reaching the goal is critical to reaching the goals foreseen in the 2030 SDGs. Although policies nowadays pay greater attention to NCDs, the number of countries that are not imposing needed attention remains too large. According to the WHO 2015 countries capacity survey, for example, only 54% of countries reported having an operational national policy on NCDs with proper budget allocation (in 2010 this measured

32%).<sup>11</sup> Only 37% of them had an NCD policy or plan including the four dominant diseases and the four major behavioural risk factors.<sup>12</sup> Wherever there are plans and policies, they are improperly funded. Effects of inadequate promotion and prevention on a global level can be discerned from the increase of body mass and obesity indices.

Graph 1. Premature NCD mortality – probability of dying between at the age of 30 to 70 from cardiovascular diseases, cancer, diabetes and chronic respiratory disease, 2012



Source: Global Status Report on NCDs, WHO, 2014<sup>13</sup>

No action plan on NCDs has been prepared in RM so far. Having regard to the given data from the WHO survey on the capacities of countries and to the high level of importance ascribed to NCDs from a health and political aspect, the Ministry of Health of RM (MoH) in cooperation with WHO Country Office initiated a process to prepare a strategic framework and an action plan to manage non-communicable diseases.

### Description of the action plan preparation process

The need to create a strategic framework and an action plan to manage NCDs in RM was recognised as early as 2013, with the initiation of the process of assessing the available facts for preparing the document entitled “Situational and SWOT analysis of prevalence and control of non-com-

municable diseases in RM”, the draft version of which was prepared in the middle of 2014. The document was in its consultation stage when MoH and WHO Office agreed on initiating the assessment process for the health system regarding the management of non-communicable diseases. For that purpose, and with the intention of acting as local support to the team of WHO consultants, a team of two experts from RM, including the national MoH focal point for cooperation with WHO on NCDs, attended and completed the 11<sup>th</sup> WHO course on health systems strengthening, with special focus on NCDs, in Barcelona, in the period April-May 2015.

The expert mission for the assessment of the health system for managing non-communicable diseases in RM was carried out in June 2015, whereas the mission report in accordance to the consultations with all interested parties and key stakeholders in the country was published at the beginning of 2016.<sup>14</sup>

Along with mission implementation, and on the basis of previously prepared situation analysis, a draft version of the action plan for managing non-communicable was being prepared and made ready in September 2015. The document was sent to the WHO Office in Skopje, with the intention that, upon its final preparation, it would be given for extended consultations with the public of experts in the country.

The beginning of 2016 saw the initiation of national consultations regarding the content of draft document, and, upon electronically receiving data, a supplemented version for further analysis was prepared. In the process of document completion an initiation was made about the need for physical meeting to review the document, especially in terms of the proposed actions for its implementation, and also the timeframe of its activity. At the workshop, that took place in May 2016 in Skopje, with most of the invited national experts present, significant improvements to the document were made, and a decision was brought to implement it in a timeframe fitting the length of duration of the WHO European action plan for non-communicable diseases in the period 2016-2025.<sup>15</sup>

Such version of the document was sent for consultations to the WHO Regional Office (RO) in Copenhagen. In the consultation process with the RO, significant improvements were initiated concerning the document section foreseeing specific actions, whereas it was especially important that actions be defined in line with the framework for the surveillance of non-communicable diseases by the year 2025, and also the Sustainable Development Goals by the year 2030 (adopted during document preparation). Face-to-face consultations with RO persons responsible for NCDs and risk factors were carried out in Copenhagen in October 2016, and in November,

the version of the plan resulting from those consultations was prepared. This version followed WHO recommendations to prepare plans for the management of NCDs, with mutual exchange of experiences between the Macedonian and RO team. Namely, WHO guidelines for creation of NCD action plans were also modified according to the components present in the Macedonian draft action plan.

## Further steps

The final version of the draft action plan will be completed by the end of 2016, and so the document will be ready to enter adoption procedure. Document adoption is a process requiring its review by the Governmental Environment and Health Committee, and upon adoption by this intergovernmental body, it should be submitted for adoption by the Government of RM.

Before submission for adoption, a connection between the actions and the specific SDG of the 2030 Agenda will be made in relation to the particular section pertaining to specific actions for the protection from and management of NCDs. The process will be facilitated through the inclusion of the professional from WHO Office in RM, bearing in mind the experience they have in this process, which has already been implemented on several national action plans and documents. We thereby expect that the NCD action plan in RM will be completely harmonised with WHO's most significant regional and global documents on progress monitoring in regard to NCDs, through achieving the foreseen goals by 2025 and by 2030.

It is important to underline once again that this is the first NCD action plan in RM. The absence of such action plans in the past resulted in situation of lacking of basic indicators for a given number of diseases, risk factors especially, thus significantly hampering the monitoring of the process of reaching the goals by 2025 and 2030. For this reason, among the actions established in the action plan is the defining of the baseline situation regarding diseases, and risk factors, where absent.

It should be pointed out that the draft action plan also foresees enhancing the capacities of MoH for the management of non-communicable diseases and their placement higher on the agenda of MoH. For that purpose, it is foreseen that the already existing Non-Communicable Disease Commission in the MoH to be the body in charge of initiating and monitoring the actions foreseen in the action plan.

Through the creation of and NCD action plan, RM will join the countries with such document. Of course, the document itself will not be enough to

reduce the NCD burden in the country, which remains significant and dominant a problem of the health system. The action plan will, nevertheless, be a serious impetus to professionals of public health and other levels of health care, to dedicate the attention needed for managing such diseases. On the other hand, decision makers, mainly the Government and MoH, will gain a tool through which they will be able to act towards meeting the obligations taken via global documents, the most significant being the 2030 Agenda.



## Abstract

Non-communicable diseases (NCDs) are a major global threat to population health. Their impact and consequences undermine social and economic development of both the local community and society as a whole. NCDs today are a leading cause of death in highly and medium developed countries, but even more so in developing countries. They are estimated to be responsible for around 38 million deaths per year, which makes up 68% of all deaths.

Recognising NCDs' significant social, economic and public health effect, and their potential consequences in the event of lacking management of disease epidemic, the world leaders in September 2011 adopted a political declaration that included firm determination to manage the NCD burden. UN member states, in cooperation with WHO, produced a document and undertook obligations regarding the management of NCDs. Management of NCDs is among the basic goals in the WHO European health policy framework "Health 2020", whereas clear dedication to manage these diseases is also included in the United Nations Sustainable Development Goals (SDGs) by 2030.

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