

How can UHC promote the achievement of SDGs?

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ABSTRACT

In analysing the linkage between sustainable development goals (SDGs) and universal health coverage, three main issues appear pertinent: the meaning of UHC itself, the challenges in implementing UHC, and the linkage between progressive achievement of UHC and progress towards SDGs. The first part of the presentation will focus on the meaning of UHC itself, and some of the difficulties related to disentangling UHC as a policy goal from practical steps towards attaining UHC. Second, the presentation will describe how progressive achievement of UHC goals could potentially influence the achievement of SDGs, including financial risk protection, employment and poverty reduction. The presentation will review evidence on how gains towards attaining UHC are associated with progress towards SDGs. The presentation will conclude with some thoughts on the implications of emerging challenges, such as ageing populations in the Asia-Pacific region, for the relationship between UHC and SDGs.

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Prevention of non communicable diseases: a paradigm shift required

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ABSTRACT

Noncommunicable diseases (NCDs) is the leading cause of death worldwide. It causes more deaths than all other causes combined. It is recognized as a major challenge for sustainable development. In 2012, out of the 56 million deaths, 38 million (68%) death were due to NCD. (74% live in Low or Middle income countries). Cost to individuals, families, businesses, governments and health systems is very significant and add up to major macro- economic impacts. No Government can afford to ignore the rising burden of NCDs. The four major NCDs (cardiovascular diseases (CVD), cancer, chronic respiratory diseases and diabetes) are responsible for 82% of NCD deaths. They cause billions of dollars in losses of national income each year in the world's most populous nations. The four shared major lifestyles related risk factors are tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. CVDs are responsible for 42.6% of all NCDs deaths. Hypertension is still the leading risk factor for disease and disability worldwide. The number of adults with raised blood pressure has increased from 594 million in 1975 to 1.13 billion in 2015 with the increase largely in low-income and middle-income countries. It is a significant risk factor for a variety of cardiovascular and renal events (fatal and nonfatal), including myocardial infarction, stroke, atherosclerosis, aortic aneurysm, hypertensive heart disease, heart failure, peripheral artery disease, and end-stage renal disease. Age-standardized prevalence of Diabetes increased from 4.3% in 1980 to 9.0% for males and from 5.0% in 1980 to 7.9% for females in 2014. The leading risk factors for type 2 diabetes are excess body weight and physical inactivity. The prevalence of Obesity worldwide has increased from 3.2% in 1975 to 10.8% for males in 2014 and from 6.4% in 1975 to 14.9% for females in 2014. "Tobacco threatens us all". Each year, more than seven million people die from tobacco use, with over 80% of deaths occurring in low- or middle-income countries. Tobacco control is well enshrined in SDG 3 – to "ensure healthy lives and promote well-being for all at all ages". Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally. The Goals and targets for SDGs adopted at the United Nations Summit in 2015 is expected to stimulate action over the next 15 years in areas of critical importance for humanity. Heads of State and Government have committed to develop national responses to the overall implementation of the Agenda. Globally, there has been a steady decline in NCD mortality rates in the past decade in the developed countries. In Malaysia, NCDs are the leading cause of death for the past 45 years. The prevalence of risk factors such as physical inactivity, obesity, unhealthy diet, tobacco and alcohol use, hypertension, diabetes, unhealthy reaction to stress and high blood cholesterol continue to rise. We cannot keep doing the same things and expect different results. We need to foster innovations in tackling NCDs. This paper addresses 'What Has Gone Wrong?', 'Are our strategies appropriate?' If yes, 'Why are they not working?' 'Are the Goals and targets for NCDs SDGs achievable?' This paper also addresses the need for a paradigm shift in prevention and control of NCDs. Effective control of risk factors of NCDs requires collaborative, multi-sectoral, national efforts to improve implementation of management of NCDs. It definitely requires leadership at the highest levels of government, policy development that involve all government departments. Using the 'People First Performance Now Concept' of National Transformation Programme (NTP), the Government and Non-Government agencies must work together and engage and involve the population to reduce the risks associated with NCDs.