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The Growing Burden Of Noncommunicable Diseases

BY ALAN R. WEIL

The leading cause of death and primary source of disability globally, noncommunicable diseases, as Mohammed Ali and colleagues write, "are associated with catastrophic health expenditures, high opportunity costs, and lost productivity." Growing wealth has reduced the burden of infectious diseases, while it has increased the risk factors for some chronic diseases. Heart disease, respiratory disease, cancer, diabetes, mental illness, and other noncommunicable diseases demand our attention.

As with all global health matters, the disease burden and responses to that burden vary widely from country to country. Ali and colleagues map changes in disease mortality by country over more than three decades and find highly variable trends. They report significant reductions in mortality in some areas, reflecting effective health system responses, but they note: "In other cases, flat or increasing mortality rates reflect rapid societal transitions, the absence of interventions, or both."

Despite causing the majority of deaths in developing countries, noncommunicable diseases receive little global aid funding, and that funding is directed disproportionately to higher-income countries. Thomas Bollyky and colleagues examine the relationship among country wealth, unhealthy lifestyles, and noncommunicable diseases. They find strong evidence for potentially significant health benefits in low- and middle-income countries through expanding the use of low-cost interventions—both preventive and curative—that are readily available in higher-income countries.

IMPROVING CARE SYSTEMS

With noncommunicable diseases poised to overtake communicable diseases as the leading cause of death in East Africa, Trishul Siddharthan and colleagues explore how major investments in treating AIDS, tuberculosis, and malaria can be leveraged to address these emerging diseases. Seeking to avoid the pitfalls of prior approaches, they conclude: "If the focus remains on disease-specific impact packages (interventions aimed at decreasing morbidity and mortality of single-disease entities) and noncommunicable disease targets, further fragmentation of health resources will occur."

Noting that "universal health coverage provides the opportunity to retool health systems to introduce care delivery models for chronic conditions that span the care continuum and the life course," Felicia Marie Knaul and colleagues use the case study of breast cancer care in Mexico to describe how such a system should function.

Vikram Patel and Somnath Chatterji describe the bidirectional relationship between mental disorders and other noncommunicable diseases, with each increasing the burden associated with the other. Observing that "in most countries—both those in the low- and middle-income group and those in the high-income group—the management of mental disorders and noncommunicable diseases largely ignores the existence of multiple morbidities, in a single patient and in household members," the authors view integration at the primary care site as the necessary platform for better care.

Peer support is an evidence-based approach to improving chronic care. Drawing upon the Peers for Progress program, Edwin Fisher and colleagues describe elements of effective programs that rely on community health workers, *promotores*, and lay health advisers. Finding a strong commitment to such care in the Affordable Care Act and globally in a call to action by the World Health Organization, they conclude: "The next steps are to address how to tailor peer support to different problems, populations, and settings; to identify what...structures it requires; and to determine how to pay for it."

PRESCRIPTION DRUGS

Many chronic diseases can be managed effectively with medications. Thomas Gaziano and colleagues examine the effects of extending the standard statin prescription—used to treat elevated cholesterol levels—from thirty days to sixty or ninety days. By reducing the time and financial costs of travel for patients to obtain the prescription, thereby increasing medication adherence, their model, based on data from South Africa, shows that thousands of lives could be saved per million adults. Yet, as Sandeep Kishore and colleagues point out, with 90 percent of people in low- and middle-income countries paying for drugs out of pocket, the prices of these medications can easily pose a barrier to good health. Drawing from the access-to-medicines movement for antiretrovirals and other medications to treat communicable diseases, the authors call for a similar civil-society movement to dramatically expand access to medicines that address noncommunicable diseases.

Back in the United States, Christopher Roebuck and colleagues find that increased spending on prescription drugs to treat noncommunicable diseases was associated with significant medical care savings among Medicaid enrollees.

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