



The World Bank approach to the growing danger of non –communicable diseases

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Our vision is a world free of poverty

OUR MISSION

To fight poverty with passion and professionalism for lasting results. To help people help themselves and their environment by providing resources, sharing knowledge, building capacity, and forging partnerships in the public and private sectors.

We move toward this goal by:

- Providing financial and technical assistance to 100 countries in 20 development sectors
- Supporting **inclusive and sustainable globalization**, promoting good governance, creating jobs, enhancing resilience and economic growth
- Operating through a **country-driven demand** business model
- Prioritizing the world's poorest countries and **targeting 50% of IDA for Sub-Saharan Africa**

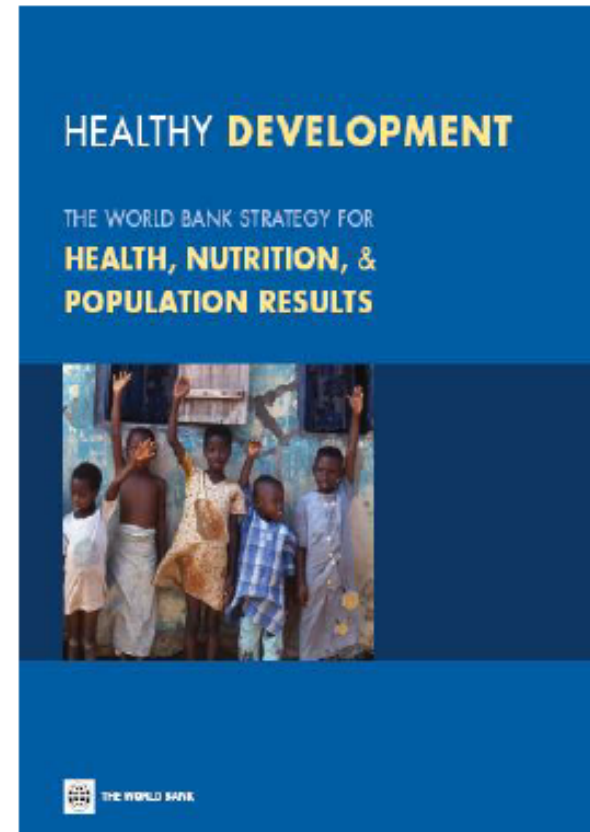
• Overall HNP Portfolio

- \$10.6 billion in commitments (as of end February 2011)
- 132 total projects – AFR has largest number of projects (52)
- HNP accounts for approximately 7% of Bank's portfolio in net commitments



We are working along five strategic directions to achieve better health, nutrition and population (HNP) results

1. Renew Bank focus on HNP **results**.
2. Increase support for countries to **strengthen and sustain their health systems** to deliver better HNP results.
3. Ensure **synergy** between health system strengthening and priority-disease interventions.
4. Strengthen Bank's support for **multi-sector approaches** to HNP results.
5. Increase selectivity, strategic engagement, and reach **agreement with global partners** on division of labor in HNP.





Our mission is to help people live healthy, productive lives free of poverty

HNP Results

Key success indicators

Improve level and distribution of HNP outcomes

- HNP Outcomes / outputs:
 - Neonatal Mortality rate (Infant mortality during first 28 days of life)
 - Birth weight and child Stunting
 - Proportion of patients with Tuberculosis treated and fully cured
 - Incidence / prevalence of Malaria infection
 - Incidence of HIV infection and 10 year survival rate after AIDS
 - Incidence of Polio / Measles

Financial protection

- HNP related Financial protection outcomes / outputs
 - Proportion of population pushed below poverty line due to illness
 - Proportion of household Out-of-Pocket expenditures due to illness
 - Lost income due to illness

Fiscal Sustainability and Country Competitiveness

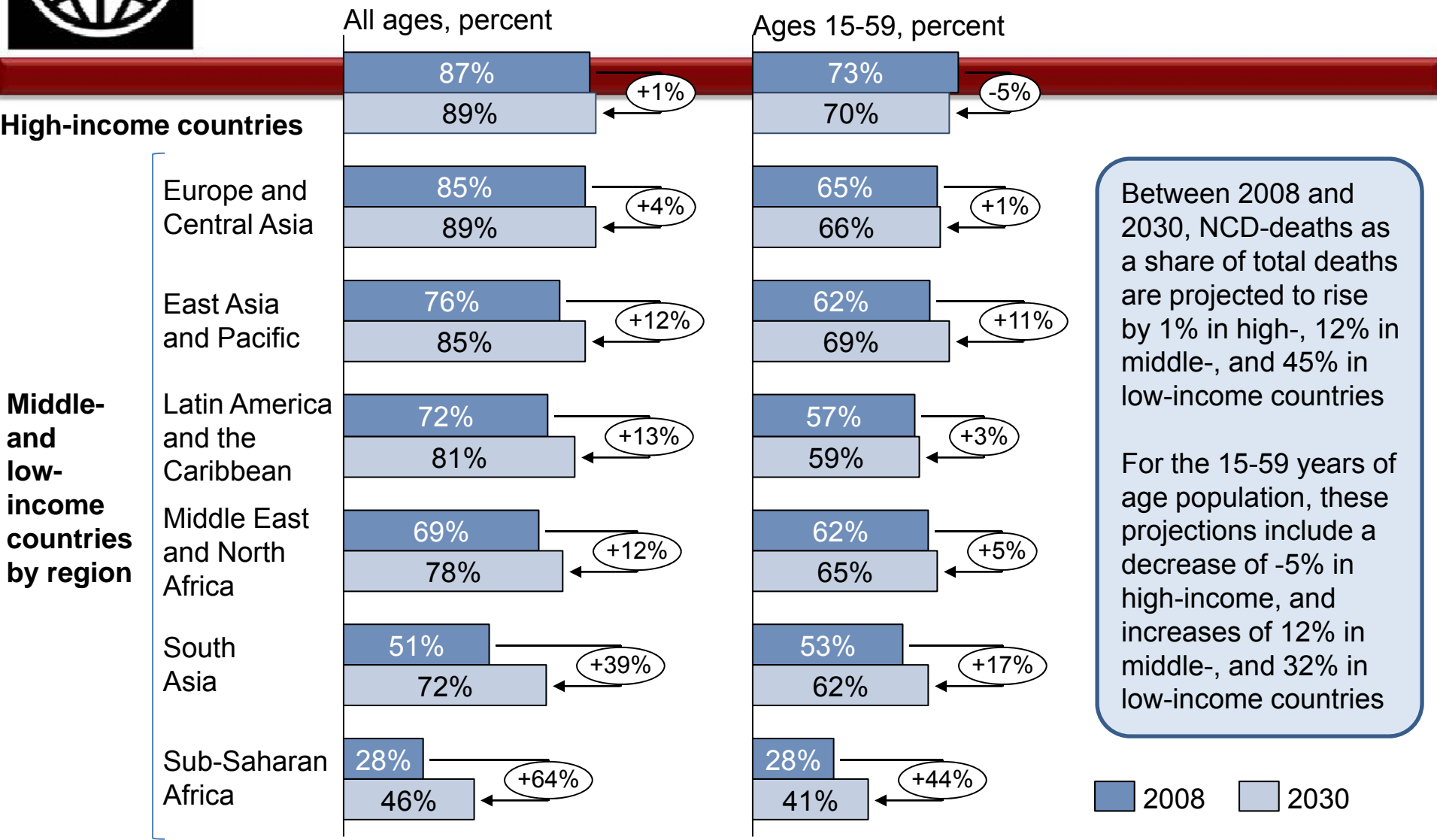
- What to pay for and how to pay for it have significant consequences on fiscal performance and country competitiveness
 - Social Health Insurance and/or public hospital deficits (or annual fiscal bail-out)
 - Payroll-Tax rate for Social Health Insurance
 - Evidence of payroll-tax induced evasion or informality
 - Evidence of under or over utilization due to how we pay doctors / hospitals (benchmark)
- Healthy workers -> Higher productivity
- Availability of health care infrastructure -> Global Corporations investments

Bank's 2007
HNP
Strategy



NCDs present a rising challenge in all middle- and low-income country regions including amongst younger and working-age populations

Deaths from NCDs as a share of total deaths, 2008-2030¹



Between 2008 and 2030, NCD-deaths as a share of total deaths are projected to rise by 1% in high-, 12% in middle-, and 45% in low-income countries

For the 15-59 years of age population, these projections include a decrease of -5% in high-income, and increases of 12% in middle-, and 32% in low-income countries

Notes: ¹ Analysis by region uses WHO updated estimates for 2008 and baseline projections for 2030; analysis by income group uses WHO 2008-2030 baseline projections.
 Sources: World Bank analysis by the authors in "Chronic Emergency: Why NCDs Matter." *Health, Nutrition, and Population Discussion Paper*. 2011. Washington DC: World Bank, based on the WHO Global Burden of Disease estimates and projections and the World Bank regional/income country groupings.



NCDs have a significant impact on economies, health systems, and households

Key drivers

Economies

- Reduced labor supply
- Reduced labor outputs (e.g., cost of absenteeism)
- Additional costs to employers (e.g., productivity, insurance)
- Lower returns on human capital investments
- Lower tax revenues
- Increased public health and social welfare expenditures

Health systems

- Increased consumption of NCD-related healthcare
- High medical treatment costs (per episode and over time)
- Demand for more effective treatments (e.g., cost of technology and innovation)
- Health system adaptation (e.g., organization, service delivery, financing) and adaptation costs

Households and individuals

- Reduced well-being
- Increased disabilities
- Premature deaths
- Household income decrease, loss, or impoverishment
- Higher health expenditures, including catastrophic spending
- Savings and assets loss
- Reduced opportunities

Example impact areas

Country productivity and competitiveness

Fiscal pressures

Health outcomes

Poverty, inequity, and opportunity loss



CHANGING COURSE: THE PREVENTION OPPORTUNITY (1)

Countries cannot control NCDs in an equitable and sustainable (cost effective) manner by treatment only

While public policy can rationalize some of that spending, the only way to reduce morbi-mortality in MICs and LICs to OECD levels in an equitable and financially sustainable manner is to promote healthy aging

High-level assessment of the cost and savings of some of these interventions suggests the potential for important efficiency gains



CHANGING COURSE: THE PREVENTION OPPORTUNITY (2)

NCDS CAN BE PREVENTED

NCD INCIDENCE RATES ARE DRIVEN BY MULTIPLE RISK THERE IS EVIDENCE OF SUCCESSFUL INTERVENTIONS TO COMBAT NCDS FROM ACROSS A VARIETY OF SECTORS, AND ALSO FOR COORDINATED MULTISECTORAL APPROACHES TO NCDS

KEY SUCCESS FACTORS CAN BE IDENTIFIED FOR MULTISECTORAL INTERVENTIONS TO COMBAT NCDS.



CHANGING COURSE: THE PREVENTION OPPORTUNITY (3)

Prevention has the potential to yield meaningful results because much of the rise of NCDs in developing countries is attributable to shared and modifiable risk factors (such as tobacco use, alcohol abuse, physical inactivity, unhealthy diet, exposure to environmental pollution)

Evidence suggests that more than half of the NCD burden could be prevented through health promotion and disease prevention interventions that address such risk factors



CHANGING COURSE: THE PREVENTION OPPORTUNITY (4)

NCD incidence rates are driven by multiple risk factors some direct some distant.

Many of those risk factors can only be curbed through interventions that fall outside the purview of the health sector

There is evidence of successful interventions to combat NCDs from across a variety of sectors, and also for coordinated multisectoral approaches to NCDs

Key success factors can be identified for multisectoral interventions to combat NCDs.



Sectors in which actions can be taken to reduce key risk factors for NCDs

	Tobacco	Poor Diet & Nutrition	Physical inactivity	Alcohol	Unhealthy environment	Pathogens	Injuries & violence
Health	✓			✓		✓	
Education	✓	✓	✓	✓		✓	✓
Finance	✓	✓		✓	✓		
Urban Planning			✓		✓		✓
Agriculture	✓	✓			✓		
Industry	✓	✓		✓	✓		
Transport			✓		✓		✓



Health promotion and disease prevention interventions are cost-effective and affordable: better prevention today could save millions of lives today and billions of dollars tomorrow

EX: IN 6 MAJOR MIDDLE INCOME COUNTRIES, THE COST OF A COMPREHENSIVE PREVENTION PACKAGE INCLUDING SEVERAL POPULATION-BASED AND ONE INDIVIDUAL BASED INTERVENTION RANGED FROM US\$1.5 TO US\$4.5 PER CAPITA.

THIS CORRESPONDS TO SMALL FRACTION OF THEIR 2010 TOTAL PER CAPITA HEALTH SPENDING RANGING BETWEEN 0.39 % IN BRAZIL TO 3.38 % IN INDIA.

ACCORDING TO A WORLD BANK STUDY CARRIED OUT IN CHINA, A STRATEGIC MIX OF INTERVENTIONS (POPULATION-WIDE AND HIGH RISK/INDIVIDUAL GROUP BASED INTERVENTIONS) WOULD COST ABOUT US\$220 PER HIGH RISK INDIVIDUAL PER YEAR AND COULD HALVE THE TOTAL ESTIMATED NCD BURDEN MEASURED IN AVERTED HEALTHY YEARS OF LIFE LOST.



Health Systems need to adapt to the new reality

Health systems need to adapt to the new reality

While preventive interventions outside the health sector are crucial for an equitable and financially sustainable NCDs control, the role of the health sector both in prevention and treatment cannot be underplayed/ underestimated



Policy dialog and tradeoffs

Consideration of inherent tradeoffs with other competing development and health priorities will be critical in the context of finite resources (unfinished MDG agenda).

Need to explore possible synergies(for ex reduction of low birth weight and malnutrition in the first thousands days of life may be important for reducing the likelihood of diabetes and CVDs later in life).

Many MICs will face difficult tradeoffs between expenditures on prevention and treatment in the context of limited fiscal space.



Concluding remarks

There is a need to act now: unless NCDs and their causes are tackled now, many MICs and LICs will be unable to reap the full benefits of the demographic dividend.

The World Bank stands ready to support countries in their fight against NCDs – through lending (particularly policy lending), knowledge products, policy dialogue, and leveraging resources are already supporting NCD control.