



Norwegian Ministry of Foreign Affairs
Norwegian Ministry of Health and Care Services

Strategy

Better Health, Better Lives

Combating Non-Communicable Diseases in the Context of Norwegian
Development Policy (2020-2024)





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Preface

Global public health has changed significantly since the start of the millennium. There has been a substantial reduction in the percentage of people who die from communicable diseases such as tuberculosis, polio, AIDS and malaria, in part due to successful vaccination and treatment programmes as well as other measures. The same is true of child mortality. Today, non-communicable diseases are the biggest killers worldwide, with the most prevalent being cardiovascular diseases, cancer, respiratory diseases, diabetes and mental disorders.

In recent years, we have seen a strong upward trend in the number of deaths from non-communicable diseases (NCDs) in low-income countries. In Africa, the proportion of NCD deaths, as compared to total deaths, is expected to increase from around 35 per cent today to over 50 per cent by 2030. Certain risk factors increase the likelihood of developing these diseases: Tobacco, harmful use of alcohol, unhealthy diets, insufficient physical activity and air pollution. Tobacco and air pollution are the two risk factors that cause the highest number of deaths.

The Norwegian Government wishes to contribute in the battle against non-communicable diseases in low-income countries. This work will be included in health related development cooperation and will help achieve several of the UN Sustainable Development Goals (SDGs). The strategy sets out a plan for this work for the period 2020 to 2024. This strategy positions Norway to play a leading role in expanding work on NCDs in international health and development policy as well as ensuring practical action in low-income countries. The strategy will focus on the following three main areas:

i) Preventing and reducing risk through concrete measures across sectors to prevent disease and premature death, where regulation, taxation and multi-sectoral measures will be important. The initiative will target risk factors that also affect children and young people.

ii) Strengthening primary health care by improving prevention, diagnosis and treatment of non-communicable diseases, and ensuring everyone has access to health care subsidised by the public authorities.

iii) Strengthening global public goods, including normative work, access to health data and health information, digitalisation and research.

The strategy is based on the important principles that underpin the SDGs and our development policy. This means that the poorest and most vulnerable will be reached – no one will be left behind – and that everyone is entitled to good health. The strategy comprises measures within most of the priority focus areas in Norwegian development policy, with emphasis on health, education, sustainable food systems, climate and environment, renewable energy, humanitarian efforts, needs of people with disabilities, digitalisation and good governance.

The strategy builds on experiences from Norwegian public health work where everyone has access to health services, as well as from international aid and development cooperation. It focuses on low-income countries in particular, and advocates an approach that helps to achieve the SDGs and to implement the World Health Organization's (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases. In addition to having consequences for the individual, non-communicable diseases also negatively affect a country's economic development. It is particularly important to prioritise actions in a manner that protects people from health threats and ensures fair and equal access to health services based on Universal Health Coverage. This will result in the greatest health benefit. This is in line with the declaration on Universal Health Coverage adopted by the UN General Assembly in 2019.

There is global consensus on the measures needed to prevent and control non-communicable diseases and to reverse the negative trend. We need to fight NCDs and turn a global crisis into a success story. Norway wishes to contribute to this goal, and to save millions of lives, ensuring that people enjoy better health throughout their lives and encouraging positive economic development in low-income countries.



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Summary: The battle against non-communicable diseases in low-income countries - Norway's contribution

The global burden and threat of noncommunicable diseases (NCDs) constitutes a major public health challenge that undermines social and economic development throughout the world, and inter alia has the effect of increasing inequalities between countries and within populations. (WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013–2020)

Norway will be at the forefront in the battle against non-communicable diseases in low-income countries. Our vision is a world where as few people as possible die as a result of these diseases, particularly before they reach the age of 70.

The non-communicable diseases covered by the strategy are based on the 5 x 5 NCD Agenda adopted by the UN. Five priority diseases are addressed: cardiovascular diseases, cancer, respiratory diseases, diabetes and mental disorders, and five risk factors; tobacco, air pollution, harmful use of alcohol, unhealthy diets and insufficient physical activity.

Non-communicable diseases lead to premature death and reduce quality of life, and they can also have major economic consequences for the individual and their family. These diseases often have a chronic course leading to long-term and expensive treatment. The cost to society is very high, both as a result of the high cost of treatment and care, and the fact that many people die prematurely, during their most economically productive years.

The strategy is based on WHO's Best Buys and other recommendations to prevent and control non-communicable diseases, in line with SDG 3: *Ensure healthy lives and promote well-being for all at all ages*. If fully implemented, it will contribute to a healthier population and support economic growth in low-income countries. The 16 WHO Best Buys could help to save more than 8 million premature deaths in low and lower-middle income countries by 2030. The total costs of not taking action on NCDs in low- and middle-income countries is estimated to be more than USD 7 trillion over 15 years which is three times Africa's total annual GDP.

A large-scale global effort to combat NCDs would thus save millions of lives, help ensure a healthier population and support economic growth in low-income countries. This will be crucial to achieving several of the SDGs, and not just the health-related goals.

The strategy includes efforts to strengthen primary health care, measures to prevent diseases by reducing risk, and measures to improve global public goods. Emphasis is placed on efforts targeting the risk factors that cause the greatest morbidity and mortality in low-income countries.

THE GOVERNMENT WILL:

- Help to prevent non-communicable diseases through development cooperation by contributing to healthy and sustainably produced food; a healthy environment with clean air and clean energy; opportunities for physical activity; access to high-quality education; and stronger tobacco and alcohol regulations. Emphasis shall be given to social sustainability and reducing health inequalities from childhood to old age.
- Help to strengthen implementation of WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseasesⁱ in low-income countries, and help to implement the UN resolutions on non-communicable diseases adopted at the high-level meetings in 2011, 2014 and 2018.
- Show global leadership and cooperate with relevant actors in well-coordinated efforts to combat non-communicable diseases.
- Help to strengthen implementation of the WHO Framework Convention on Tobacco Control (FCTC)ⁱⁱ in low-income countries, in particular implementation of health-related tobacco taxes. Support the SAFER initiative on alcohol control, which helps countries to reduce harmful use of alcohol and related health, social and economic consequencesⁱⁱⁱ.
- Support the work on taxation and regulation of products that are harmful to health such as tobacco and alcohol, and on emissions of air pollutants in low- and middle-income countries. Assist countries that request assistance to tax products that are harmful to health as well as emissions of air pollutants. Work through the Norwegian Tax for Development (*Skatt for utvikling*) programme will be important in this context.
- Strengthen efforts to ensure healthy nutrition in line with WHO's advice on healthy diets^{iv}, including reducing salt, sugar, saturated fats and trans fats. Promote breastfeeding and measures to improve mothers' nutrition before and during pregnancy, to ensure healthy growth and lifelong health benefits. Work to improve children and young people's knowledge of health, diet and physical activity, and ensure good access to healthy food and activity at school, in cooperation with relevant multilateral actors.
- Strengthen efforts to reduce the number of deaths caused by air pollution, in line with SDG Target 3.9. We will work to support global commitments and effective measures to improve air quality, in cooperation with WHO and other relevant organisations, forums and countries. We will encourage more countries to take part in the *BreatheLife* campaign^v and endorse WHO's initiative to improve air quality by 2030, in line with its Air Quality Guidelines. We will also promote pollution-free cooking through the initiative 'Renewable Energy in Norwegian Development Policy'.

- Support the work on achieving SDG Target 3.8 for Universal Health Coverage, and draw attention to primary health care as being the best way a country can provide health services to its entire population, irrespective of income level, including the poorest and most vulnerable groups. This entails the inclusion of the most cost-effective measures to combat non-communicable diseases in primary health care services, with emphasis on prevention and diagnosis, as well as treatment of the most common non-communicable diseases, for example:
 - the prevention of cervical cancer, including through HPV vaccination;
 - diagnosis and treatment of high blood pressure;
 - advice on diet and nutrition, including breastfeeding;
 - promotion of healthy physical activity;
 - prevention of tobacco use, harmful alcohol consumption and air pollution exposures.
- Support mental health initiatives including implementation of WHO's Mental Health Action Plan^{vi}; and help ensure that mental health becomes an integral part of the prevention and treatment services offered by the primary health care and education sector from early childhood. Cooperation with WHO, authorities and national and local civil society organisations will be important in this context.

- Through board representation and budget allocations, ensure that organisations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and GAVI, The Vaccine Alliance also contribute to achieving Universal Health Coverage, through their involvement in low-income countries, and thus help combat non-communicable diseases.
- Strengthen efforts in digital health as part of the follow-up of the White Paper on digital transformation and development policy^{vii}, including continuing support to improve the quality of health data and health data registers at country level; and development of digital health information systems in low-income countries, in cooperation with the University of Oslo and the Norwegian Institute of Public Health, among others. Contribute to the global knowledge base on combating non-communicable diseases through relevant research programmes and cooperation between institutions.
- Support efforts to improve access to medical equipment and medication in areas hit by crises and conflict in order to prevent/treat non-communicable diseases.
- Strengthen efforts to prevent non-communicable diseases by focusing on education in development policy, including through health-promotion and preventive health services at school.





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Goals and guidelines

There is international consensus that deaths from NCDs can be largely prevented or delayed by implementing a variety of cost-effective, affordable, and evidence-based interventions. Member States endorsed a menu of policy options and cost-effective interventions entitled “Best buys and other recommended interventions for the prevention and control of NCDs”, at the World Health Assembly in Resolution WHA70.11 in May 2017. (Time to deliver. Report of the WHO Independent High-Level Commission on Noncommunicable Diseases)

Goals

This strategy describes how Norway’s health related development cooperation can be designed to ensure it addresses the shift in the global burden of disease from communicable to non-communicable diseases.

The strategy’s overriding goal is to help reduce the number of premature deaths from non-communicable diseases in low-income countries by one- third by 2030 and promote mental health and wellbeing (SDG Target 3.4), and to generally improve people’s health throughout the life-course.

Emphasis is placed on universal measures that also reach the poorest and most vulnerable groups. The strategy will be a response to the shift in the global burden from communicable to non-communicable diseases, and will be adapted to the needs in low-income countries in line with the objectives of Norwegian development policy. The strategy will also be a means of following up the UN’s three high-level declarations on non-communicable diseases. This will require efforts that target multiple SDGs.

The strategy aims to consolidate Norway’s work on combating non-communicable diseases as part of its development cooperation by identifying focus

areas, important arenas and synergies that can be achieved. The strategy also describes the intended results of these efforts.

International guidelines

The World Health Assembly adopted the Global Action Plan for the Prevention and Control of Noncommunicable Diseases in 2013, with the goal of achieving a 25 per cent reduction in premature NCD deaths between 2010 and 2025. The probability of dying prematurely from non-communicable diseases declined from 22 per cent in 2010 to 18 per cent in 2016 according to WHO’s report to the World Health Assembly in 2019. The total number of deaths caused by these diseases has, however, increased due to global population growth.

As a result of adoption by UN member states of the 2030 Agenda for Sustainable Development in 2015, the target figure for the reduction in premature deaths was changed to one-third by 2030 (SDG Target 3.4). Other health targets under SDG 3 are also relevant, including 3.5 on harmful use of alcohol, 3.8 on Universal Health Coverage, 3.9 on reducing the number of deaths from air pollution

and 3.a on strengthening the implementation of the WHO Framework Convention on Tobacco Control (FCTC). Combating non-communicable diseases is also important for reaching a number of the other SDGs, the following in particular:

- **SDG 1 on ending poverty** – low- and middle-income countries are particularly at risk due to the cost of treating non-communicable diseases, loss of income etc.
- **SDG 2 on ending hunger** – unhealthy diets and undernutrition are important risk factors for non-communicable diseases.
- **SDG 4 on quality education** – training and education are important for understanding the risk of non-communicable diseases, particularly linked to tobacco and harmful use of alcohol as well as diet and activity.
- **SDG 7 on clean energy** – which is important for improving both indoor and outdoor air quality. For example, 3.8 million people die from indoor air pollution every year due to using inefficient and polluting cookstoves to make food. Pollution-free alternatives are needed.
- **SDG 13 on climate action** – emissions of greenhouse gases and air pollutants come from the same sources, which means that measures to reduce emissions will positively affect the climate and people's health. Moreover, rising temperatures will also increase mortality from e.g. cardiovascular diseases.

Three high-level UN General Assembly meetings have been held to mobilise political support for combating non-communicable diseases, in 2011, 2014 and 2018 respectively. The status reports regularly presented to the World Health Assembly nonetheless indicate that not enough progress is being made around the world to achieve the stipulated targets for reducing premature death. The reports indicate that low- and middle-income countries face the biggest challenges.

Norway's development policy guidelines

The strategy is based on the important goals and principles that underpin our foreign and development policy. The main goal of the initiative is to help combat poverty and promote economic development and welfare in low-income countries. The initiative will be designed to ensure that we reach the poorest and most vulnerable groups, and help us achieve the main objective of the 2030 Agenda – that no one is to be left behind. As a basis for the initiative, countries must prioritise actions to combat non-communicable diseases in national policy. Countries are also expected to develop a plan for this work to the extent such a plan does not already exist, including how to increase financial investments in national health services.

Health is a priority area in Norwegian foreign and development policy. Norway has a leading role in global health. The goal of Norway's international health cooperation is to prevent and effectively combat disease and to help achieve SDG 3 on health.

The 2030 Sustainable Development Agenda requires us to work across sectors, and coordinated efforts in sectors that affect public health are particularly important. WHO recommends a *Health in All Policies* approach. This strategy therefore comprises measures within most of the priority areas in Norwegian development policy – health, education, sustainable food systems, climate and environment, renewable energy, humanitarian efforts, people with disabilities, digitalisation and good governance.



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Risk factor/ disease group	WHO published a list of 88 recommended interventions in 2017. The "Best Buys" are the 16 most cost-effective interventions (they do not include air pollution and mental health since the "5 x 5 Agenda" incorporating those two key risks was adopted in 2018).
Tobacco	<ul style="list-style-type: none"> • Increase excise taxes and prices on tobacco products • Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages • Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship • Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport • Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke
Harmful use of alcohol	<ul style="list-style-type: none"> • Increase excise taxes on alcoholic beverages • Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media) • Enact and enforce restrictions on the physical availability of retail alcohol via reduced hours of sale
Unhealthy diet	<ul style="list-style-type: none"> • Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals • Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided • Reduce salt intake through a behaviour change communication and mass media campaign • Reduce salt intake through the implementation of front-of-pack labelling
Physical inactivity	<ul style="list-style-type: none"> • Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community based education, motivational and environmental programs aimed at supporting behavioural change of physical activity levels
Cardiovascular diseases and diabetes	<ul style="list-style-type: none"> • Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and non-fatal cardiovascular event in the next 10 years >>Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk ($\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years
Cancer	<ul style="list-style-type: none"> • Vaccination against human papillomavirus (2 doses) of 9–13 year old girls • Prevention of cervical cancer by screening and treatment

Best Buys and other recommended interventions for the prevention and control of Noncommunicable Diseases updated (2017) Appendix 3 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 https://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf



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Public health and non-communicable diseases in a development perspective

Within countries at all levels of development, non-communicable diseases affect the poorest people and those furthest behind in particular, and their increased risk of dying prematurely from non-communicable diseases is, therefore, a marker of the devastating impact of the high burden of non-communicable diseases on the lives of the poor, their untold suffering and the threat to sustainable development. (The UN Secretary-General's report: Progress on the prevention and control of non-communicable diseases, December 2017).

Global public health is changing

The global health situation is changing. Over the past decades, we have seen a strong global decrease in communicable diseases and a sharp increase in non-communicable diseases as the biggest cause of morbidity and mortality. This is mainly due to the success of the battle against communicable diseases so that people live longer as well as lifestyle changes, due in part to rapid urbanisation. Non-communicable diseases caused 71 per cent of all deaths around the world in 2017. In terms of premature deaths before the age of 70, non-communicable diseases account for around three-quarters of the total. The largest percentage (86 per cent) of premature deaths occur in low- and middle-income countries.

As mentioned earlier, the UN has adopted a 5 x 5 Agenda for its efforts to combat non-communicable diseases. This Agenda covers five diseases and five risk factors: tobacco and harmful use of alcohol; unhealthy diets; insufficient physical activity and air pollution. The latter is mainly due to emissions from cars and other vehicles; from cooking over an open flame or cookstoves that use coal, charcoal and wood; from the open burning of waste and forests; from agriculture and industry and from coal fired power plants and other energy production.

In sub-Saharan Africa, it is projected that non-communicable diseases will cause around half of all deaths by 2030. As well as disease and the reduced quality of life and income of both the individual and their family, the reduction in productivity also constitutes a serious threat to economic development.

Global health aid

Between 12 and 14 per cent of total global aid goes to the health sector, which is one of the social sectors that receives most support. Total global health aid almost tripled from around USD 12 billion to USD 34 billion between 2000 and 2010. Investments to combat non-communicable diseases also tripled during this period, but from a very low level; from USD 146 million to USD 432 million. At the end of the decade, measures to combat non-communicable diseases received just over 1 per cent of all health-related aid.

Norway actively participated in the global effort to achieve the UN Millennium Development Goals (2000-2015). Norway's efforts particularly targeted women's, children's and young people's health, sexual and reproductive health and

rights, innovation and combating communicable diseases. These areas have also been a key focus in Norwegian health related development aid after 2015. In contrast, non-communicable diseases were less of a priority, and as of 2018 only 1-2 per cent of all Norwegian health-related development aid was allocated to this area.

Non-communicable diseases and attributable risk factors

Non-communicable diseases are defined as long-term, chronic diseases that are not transmitted from person to person, but rather develop as the result of a combination of genetic, physiological and environmental factors and lifestyle habits. Globally, more than 80 per cent of deaths caused by non-communicable diseases come from the following five groups of diseases (figures from 2017^{viii}):

- Cardiovascular diseases – 17.9 million
- Cancer – 9 million
- Chronic respiratory diseases – 3.9 million
- Diabetes – 1.6 million
- Mental disorders – an estimated 800,000 people commit suicide each year. Studies also show considerable excess mortality from other non-communicable diseases among people with serious mental disorders.

A large percentage of these deaths occur among older people in high-income countries. However, among people under the age of 70, a comparatively larger proportion of deaths from non-communicable diseases occur in low- and middle-income countries. Sub-Saharan Africa has the lowest average age of death from non-communicable diseases. Premature deaths caused by non-communicable diseases can be avoided through a systematic focus on prevention measures.

For the sake of comparison, data (2017) for the total number of deaths globally from the three biggest communicable diseases show the following (bearing in mind that deaths from the diseases listed largely occur in low- and middle-income countries):

- Tuberculosis – 1.6 million
- HIV/AIDS – 1 million
- Malaria – 0.6 million

Non-communicable diseases also contribute to

disabilities and increased health expenditure. For example, mental disorders constitute a major burden for society in all parts of the world. Depression is one of the main causes of disabilities.

The prevalence of non-communicable diseases is mainly linked to the five risk factors mentioned above. Several of these risk factors also have a bearing on mental health, including harmful use of alcohol, although there are also other reasons for mental disorders. A brief review of the individual risk factors follows below.

Tobacco is one of the main causes of morbidity and mortality around the world. Tobacco kills over 8 million people every year. Of these deaths, over 1 million can be ascribed to exposure to second hand smoking. More than one billion people in the world smoke, which corresponds to one fifth of the world's population aged over 15. The total global costs of smoking are estimated to be around USD 1.4 trillion each year, which corresponds to around 1.8 per cent of global GDP. Around 100 million people died as a result of smoking in the 20th century, most of whom lived in high-income countries. If current smoking behaviour continues, one billion people will die from smoking in the 21st century, mainly in low- and middle-income countries.

Tobacco and alcohol are important risk factors for non-communicable diseases, and they are also linked to depression and anxiety. Tobacco is an important factor in premature death among people with mental disorders.

Air pollution is one of the three most important risk factors for premature death, and the biggest single health-related environmental risk factor by far. Today, 90 per cent of the world's population breathe air containing high levels of pollution, exceeding WHO's air quality guidelines limits. A total of 7 million people died prematurely as a result of exposure to air quality that was harmful to health in 2016, according to WHO. It is calculated that 4.2 million of these deaths were due to outdoor air pollution, while indoor air pollution claimed 3.8 million lives¹. About 600,000 children under fifteen die because of such pollution annually, largely as a result of respiratory illnesses. This represents around 10 per cent of deaths among children in this age category. Air pollution crosses national borders.

1. It is estimated that a combination of indoor and outdoor pollution caused around 1 million of these deaths.

This means that improving air quality requires measures both within countries and through organised cooperation between countries that pollute each other. Greenhouse gas emissions often come from the same sources as the emissions that pollute the air, which means that efforts to improve air quality also generally help to limit climate change.

The link between insufficient **physical activity** and disease is well documented. Morbidity and mortality caused by cardiovascular diseases, diabetes and a range of cancers are particularly linked to physical inactivity. Inactivity is also a risk factor for mental health, as people with mental disorders are often less physically active. A study of 1.9 million people in 168 countries found that around 23 per cent of all men and women are less physically active than WHO's recommendations on physical activity for adults, of at least 150 minutes per week. This is a bigger problem in high-income countries than in low-income countries. There are major differences in the activity levels of men and women around the world.

Foto: Abraham Thiga Mwaura/WHO



Harmful use of alcohol caused around 3 million deaths around the world in 2016. Harmful use of alcohol causes significantly more deaths among men than among women. Just under half of the world's population aged over 15 drink alcohol. Alcohol consumption is increasing globally, from 5.9 litres of pure alcohol per person aged over 15 in 1990 to 6.5 litres per person in 2017. The percentage varies between regions and is lower in African countries and in the Middle East than in the rest of the world. This means that the international alcohol industry regards Africa as an important market for expanding its business. Alcohol is also considered a risk factor for a range of mental disorders.



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Unhealthy diet is an important risk factor for non-communicable diseases. The significance of diet on the burden of non-communicable diseases has been systematically reviewed in 195 countries for the period 1990-2017 in the Global Burden of Disease project (GBD)^x. The three leading nutritional risk factors for mortality and disability-adjusted life years, both globally and in many countries, is high salt intake, low whole-wheat intake and low intake of fruit and vegetables.

Undernutrition has long been recognised as a major problem among the poor. Children under five face a number of challenges. Globally, 15 per cent are born with a low birth weight, 22 per cent of children under five have stunted growth and 7 per cent are underweight. It is estimated that half of all infant mortality is due to undernutrition. Undernutrition also significantly contributes to poor physical, mental and social development. Children with stunted growth will, for example, be less resistant to infections and more likely to die from diarrhoea and non-communicable diseases such as respiratory diseases later in life. It is estimated that stunted growth among children reduces GDP per person by up to 11 per cent in Africa and up to 9 per cent in parts of Asia.

Up to 2 billion people in the world are classified as being overweight. The prevalence of overweight and obesity in children is increasing around the world, and it is estimated that 254 million children and young people aged from 5 to 19 will suffer from obesity in 2030. Although this trend appears to be declining slightly in a number of high-income countries, there is rapid growth in obesity prevalence in Asia and Africa. In 2018, around three quarters of all overweight children aged under five lived in Asia and Africa. The number of obese children aged under five in Africa has increased by 44 per cent since 2000.

Non-communicable diseases in a development perspective

NCDs are both cause and consequence of poverty. The jeopardy presented by NCDs is amplified by poor education (SDG 4), gender inequalities (SDG 5), economic dysfunction (SDG 8), urban degradation (SDG 11), and unsustainable production and consumption (SDG 12). (Richard Horton, The Lancet, May 2019)

Non-communicable diseases do not only cause death, reduce quality of life, and lead to premature death for the individual. They may also hit the individual's family hard in that an income is lost and the patient has to be cared for at home. They can also be a barrier to a country's economic development.

The goal of Universal Health Coverage is to ensure that everyone has access to essential health services, and that the use of health services does not generate financial difficulties for the population. Very few countries have succeeded in implementing Universal Health Coverage. Many people spend a large part of their household budget on paying for health services, and are, as a result, forced into extreme poverty. This applies, not least, to people suffering from non-communicable diseases, as these diseases often have a chronic course requiring long-term and expensive treatment.

There is a broad link between low income, low socio-economic status and non-communicable diseases. People who live in poverty are most at risk of poor health due to non-communicable diseases, and of dying from them. The disparities between

geographical regions are large and increasing. The increase in the prevalence of non-communicable diseases has for years been highlighted as a major threat to the economic development of low-income countries. The percentage of premature deaths is high in these countries, and it is often the most productive segment of the employable population who die or end up with a reduced capacity to work. The costs linked to non-communicable diseases in low- and middle-income countries are estimated to be USD 7 trillion over the next 15 years.

The poorest countries have a double burden of disease. These countries face the largest population growth over the next 30 years. This will lead to a strong increase in demand for services relating to pregnancy, childbirth and postnatal care, and a greater need for measures to ensure the health and nutritional status of infants and children. At the same time, these countries face rapidly growing challenges from non-communicable diseases linked to increased exposure to risk factors as a result of, among other things, rapid urbanisation. The poorest countries are also those with the weakest health services, and they lack the health personnel required to address these challenges.

A positive correlation has been found between good health and growth in GDP, where an increase in life expectancy increases GDP. Priorities linked to the funding of health systems and the choice of services can have a major impact on the cost efficiency of health investments, and influence social inequality in a health perspective. Programmes intended to combat non-communicable diseases should therefore focus on promoting equal access to services and measures to avoid social inequality.

THE URBAN POOR – AN EXAMPLE FROM RWANDA

Urbanisation, with the subsequent changes it entails for lifestyle habits, is driving the development of non-communicable diseases, including in sub-Saharan Africa. Looking toward 2030, the urban poor may be the group most vulnerable to non-communicable diseases. Large numbers of the poor living in urban areas have limited access to organised markets, few opportunities for physical activity and poor living conditions (a risk factor for exposure to air pollution).

This correlation was clearly observed in Rwanda in 2015, where non-communicable diseases accounted for 35 per cent of all deaths, 52 per cent of all out-patient consultations and 22 per cent of all hospital admissions. The majority of the burden of non-communicable diseases in Rwanda comprised congenital deformities, depression, asthma, epilepsy, chronic obstructive pulmonary disease, diabetes and cervical cancer. While the burden of disease in high-income countries is driven by traditional risk factors, the burden of non-communicable diseases in Rwanda is strongly linked to malnutrition, infections and environmental pollution. These risk factors are exacerbated by poverty and poor living conditions in the cities. The urban poor also have poor access to health care services, including diagnosis and treatment, and health campaigns do not reach them.

Despite WHO making clear recommendations on the measures that should be implemented, and calculations showing that many measures are profitable, there is a consistently low level of implementation in many countries, including in low-income countries. A number of potential challenges could explain why measures are not implemented, including the following:

- Most countries have to address many important health challenges. Measures to combat non-communicable diseases often lose out in the battle for political attention and prioritisation.
- The public administration has limited capacity to incorporate the knowledge available, including WHO's recommendations on measures to combat non-communicable diseases, into national regulations and legislation.
- Robust health systems and a good knowledge base for policy development are important preconditions for addressing the major challenges that low-income countries face. In many instances, these preconditions are not in place.
- Not all countries have primary health care services that offer simple diagnosis and treatment of the most common non-communicable diseases. Many countries also lack systems for reliable access to quality medication.
- The administrative procedures for shielding policy development from the unwanted influence of commercial actors is limited. In the final instance, protecting policy processes against corruption and threats can also be challenging. Over time, the influence of external actors can lead to health authorities ceasing to propose measures that may provoke negative reactions.

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Priority focus areas

The 2011 Political Declaration on the Prevention and Control of NCDs urged presidents and prime ministers to take chronic diseases much more seriously. Today, NCDs are embedded in the Sustainable Development Goals (SDG 3.4). Civil society mobilisation has benefited from a rejuvenated NCD Alliance. The knowledge base for policy action has never been better. Yet even those who led efforts to secure a Political Declaration admit that progress has been inadequate and disappointingly slow. Countries are struggling. There is little money available. Health systems are still too weak to deliver quality services. (Richard Horton, The Lancet, July 2017).

Norway will help to prevent poor health and premature deaths from non-communicable diseases in low-income countries, with particular attention to the poor and vulnerable, by reducing leading risk factors discussed in the previous chapters.

Through development cooperation, Norway will help to facilitate healthy lifestyle habits; with healthy food that is produced sustainably; a healthy environment with clean air and clean energy; opportunities for physical activity; access to quality education and stronger tobacco and alcohol regulations. Emphasis will be placed on social sustainability and reducing health inequalities from childhood to old age, where equality and non-discrimination will be important factors. Norway will continue to be a driver in multi-lateral cooperation on non-communicable diseases and in efforts to achieve Universal Health Coverage, especially through WHO. Norway will also help ensure that mental health becomes an integral part of the prevention and treatment services available.

Norway will help to focus more attention on non-communicable diseases in international development and health policy. Encouraging other countries and actors to join the field and make a common effort will be important. The Norwegian initiative will also focus on the following three main areas:

- i) Reducing risk factors through concrete measures in various sectors to prevent disease and premature death;
- ii) Strengthening primary health care by improving prevention, diagnosis and treatment of certain non-communicable diseases;
- iii) Strengthening global public goods.

Global leadership

Norway will be at the forefront of global initiatives to reduce non-communicable diseases and risk factors in low-income countries. Cooperating with WHO is a key element in this context, but Norway will also endeavour to ensure that other relevant multilateral organisations intensify their efforts.

Our support will be anchored in WHO-recommended measures for combating non-communicable diseases and risk factors. We will also support international efforts to ensure Universal Health Coverage.

The Global Coordination Mechanism on the Prevention and Control of Noncommunicable diseases (GCM) was established by WHO's member countries in 2014. GCM is a platform facilitating cooperation across multiple actors and sectors to help counteract the health threat from non-communicable diseases. In addition, a UN Interagency Task Force (IATF) has been established for non-communicable diseases, tasked with coordinating UN organisations' efforts to reduce premature deaths from NCDs. IATF has established a Catalytic Trust Fund that will coordinate funds

to implement the measures defined by WHO as the most cost-effective. Norway will consider cooperating with GCM and IATF since both are important forums in this respect.

There is no global agreement regulating air quality, despite large numbers of people in most countries being exposed to harmful air pollution. Europe is the only region subject to legally binding conventions on air pollution, including the Convention on Long-range Transboundary Air Pollution of United Nations Economic Commission for Europe (UNECE CLRTAP) and the EU directive on air quality. Norway has spearheaded global efforts to improve air quality, and, among other things, led the initiative for a resolution on air pollution and health, which was adopted by the World Health Assembly in 2015^x. The resolution urges member states to intensify their efforts to prevent the detrimental health impacts of air pollution. In 2017, the UN Environment Assembly (UNEA 3) also adopted a resolution on reducing air pollution in order to improve air quality globally^{xi}.

In connection with the follow-up of the aforementioned resolutions and the First WHO Global Conference on Air Pollution and Health in 2018, we will endeavour to strengthen global commitments and effective measures to prevent air quality that is harmful to health, in cooperation with WHO, and other relevant organisations and forums. The goal should be to comply with WHO's guidelines on air quality.

In September 2019, Norway endorsed WHO's initiative to improve air quality by 2030, in line with WHO guidelines. The initiative also highlights the links between climate and air pollution, and possibilities for implementing win-win measures to address both. Norway will endeavour to ensure that more countries join the initiative.

THE GOVERNMENT WILL:

- Show global leadership and cooperate with relevant actors to ensure well-coordinated and consolidated efforts to achieve the objectives of combating non-communicable diseases.
- Help to strengthen implementation of WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases.
- Build capacity in the field in low-income countries through WHO and other partners, including academic and administrative capacity to plan and implement regulations and other measures linked to combating non-communicable diseases.
- Work to support global commitments and effective measures to prevent air quality that is harmful to health, in cooperation with WHO and other relevant organisations, forums and countries. The goal will be to comply with WHO's guidelines on air quality and support regional initiatives to establish cooperation on reducing transboundary air pollution.
- Through board representation, ensure that relevant UN organisations and other multilateral organisations participate in global efforts to combat non-communicable diseases.



Foto: © WHO GCM/NCD/Anna Wang

Preventing and reducing risks

The unsolved paradox is that policies that would produce the greatest health impact receive the least attention. Why? Here is the alarming truth: our economies are incentivised to earn vast private wealth by increasing public risks for NCDs. Until that truth is accepted and addressed, NCDs will remain part of an unchecked planetary emergency.
(Richard Horton, *The Lancet*, May 2019)

Non-communicable diseases represent a long-term challenge for national health systems. Prevention is important in order to reduce pressure on health services. A great deal can be achieved through regulation, taxation and multi-sectoral measures. It is important that focus be placed on addressing NCD risk factors early in life. Helping to achieve a good, safe environment and healthy lifestyle habits for children and young people will generate significant health benefits for a society for decades to come. Measures at population level, i.e. measures that benefit everyone and not just certain groups; that focus on risk factors; and that improve the environment in which children and young people grow up and their lifestyle habits, will therefore be the most effective means of reducing the burden of non-communicable diseases.

A country's health policy must be based on factors that affect health (health determinants). Examples of such social and economic determinants of health include: access to education; decent work; and community health services. Examples of environmental determinants, include features such as the quality of the local environment, including clean air, absence of noise; and access to mobility, including walking and cycling paths.

Addressing social and environmental risks to health can also reduce risk factors that stimulate mental disorders, as well as associated stigma and discrimination. Good health is not only produced by investing in the health sector. Rather, the prevention of non-communicable diseases requires intersectoral efforts. Addressing such social and environmental risks to health can also help reduce risk factors that stimulate mental disorders, and associated stigma and discrimination.

WHO concludes that altogether, environmental health risks lead to 13 million deaths per year, which is around a quarter of all deaths worldwide. Around

90 per cent of the world's population is exposed to polluted air, and around one-half to unsafe drinking water and poor sanitary conditions. Climate change leads to drought, floods and heatwaves, which increase the burden of disease. Exposure to environmental toxins and other chemicals that are harmful to health and the environment through the sale of unhealthy or unsafe products, and inadequate handling of related pollution and waste constantly present new health-related challenges. Action is required across sectors to combat environmental problems, i.e. energy, transport, agriculture, infrastructure, urban planning, the working environment and health.

Antimicrobial resistance (AMR) is another growing health threat that may have a major negative impact on the treatment of non-communicable diseases, such as certain forms of cancer. WHO's Global Action Plan on AMR^{xiii} was adopted in 2015. Its goal is to ensure that infections and diseases can be prevented and treated by effective and safe medication, available to everyone who needs them for as long as possible.

Commercial health determinants are policies, regulations or economic drivers that may influence our decisions about factors such as food choices or the use of stimulants. The effective prevention of non-communicable diseases often runs against strong commercial interests. Producing and selling alcohol, tobacco, and unhealthy food and drinks are huge industries in which supply and demand are increasing, particularly in low- and middle-income countries. Trade and international investment agreements can affect a country's ability to regulate such commercial health determinants. Trade can produce economic and social benefits, particularly for low-income countries. However, trade can also contribute to increasing consumption of tobacco and other products that increase prevalence of non-communicable diseases. Countries face challenges then, in encouraging trade and investments, while safeguarding public health.

Regulation and taxation are important instruments for limiting access to and consumption of products that are harmful to health. In most cases, these instruments have proven to be very effective, leading to a decline in demand. The introduction of such instruments has been met with resistance from commercial actors with a strong interest in maintaining their market shares.



Measures targeting tobacco and alcohol

The WHO Framework Convention on Tobacco Control (FCTC) entered into force in 2005, and there are presently 181 parties to the convention. It is the first legally binding convention negotiated under the auspices of WHO aimed at reducing morbidity and mortality. The provisions of the convention address the need for international standards and guidelines for tobacco control in a number of areas, including the prices of and tax on tobacco; tobacco sales to minors; tobacco advertising and sponsoring; smuggling and passive smoking. The convention is unique as it is the first and only international legal agreement regulating the use and marketing of a legal product.

Norway has been an active driving force and supporter of the FCTC since the start, supporting its work through meetings of the parties and via the programme cooperation agreement with WHO. Norway has channelled funding to the FCTC 2030 project in 2019, which aims to accelerate the implementation of tobacco control in low- and middle-income countries. The following countries are so far parties to the FCTC 2030 project: Cape Verde, Cambodia, Chad, Colombia, Egypt, El Salvador, Georgia, Jordan, Madagascar, Myanmar, Nepal, Samoa, Sierra Leone, Sri Lanka and Zambia.

Further efforts are still needed to support implementation of tobacco control measures in low-income countries. Article 5.3 is an important provision in the convention, which obliges the parties to ensure that the tobacco industry does not influence tobacco policy design. The provision forms the basis for the full implementation of the other provisions in the convention. The methods used by the tobacco industry to delay, dilute and prevent the introduction of effective tobacco measures have been well documented.

The WHO-led initiative SAFER was launched in 2018, which helps countries to reduce harmful use of alcohol and related health, social and economic consequences. SAFER includes strategies intended to limit the availability of alcohol; promote measures to prevent driving under the influence of alcohol; provide better access to screening and treatment; uphold prohibitions and restrictions in alcohol advertising and increase the price of alcohol through taxation policy. WHO is also in the process of reviewing the member states' status with regard to their implementation of the strategy to reduce the harmful use of alcohol from 2010^{xiii}. The status report and the proposed road ahead will be discussed at the World Health Assembly in 2020.

Also see the discussion of tax on, among other things, tobacco and alcohol.

THE GOVERNMENT WILL:

- Help to strengthen implementation of WHO's Framework Convention on Tobacco Control (FCTC)ⁱⁱ, in low-income countries, in particular the implementation of the provisions on the use of health-related tobacco taxes.
- Support the SAFER initiative on alcohol controlⁱⁱⁱ, which helps countries to reduce harmful use of alcohol and related health, social and economic consequences.

Healthy diet and physical activity

We must get the world moving. Increasing physical activity is not an issue that can be solved solely by the education sector, or the transport sector: actions are needed by all sectors. Our job is to create a world that will help our children to be active and make cities easier for people to walk and cycle. (Tedros Adhanom Ghebreyesus, Director-General of WHO)

Undernutrition in childhood increases the risk of obesity and chronic nutrition-related diseases later in life. This has a major impact on society. It is important to have a lifecycle perspective with respect to nutrition and health. A large number of people cannot afford to meet their family's minimum requirement for food, and more and more people have greater access to cheap, industrially-processed, unhealthy food. This has led to the scope of undernutrition and malnutrition becoming unacceptably high.

There is a period of 1,000 days, beginning at conception to about two years of age, when nutrition is critical to ensuring the cognitive and physical development of the developing foetus and newborn child. Measures to improve the nutrition of mothers before and during pregnancy; promote breastfeeding; and reduce overweight and obesity in young children will thus lead to healthy growth and lifelong health benefits. Measures to educate and disseminate information about healthy diets and lifestyles to young people are also important. When young people acquire knowledge about health, diet and physical activity, they are more likely to improve their families' nutrition and diet. Regulating the marketing of unhealthy foods and beverages, including tax policies that raise prices, will also be an important means of enabling children, young people and adults to make good dietary choices.

Norway's efforts in this area will be carried out in conjunction with the Government's action plan on sustainable food systems in Norwegian foreign and development policy^{xiv}, which was launched in 2019. The main goal of the action plan is to increase food security, which includes better nutrition. The plan also includes a dedicated nutrition programme, which addresses the direct and underlying causes of malnutrition. This includes, among other things, support to health care professionals for awareness-raising; provision of guidance with regards to maternal and early childhood nutrition and health; as well as measures to improve the nutrition of school children, young people and adults.

With respect to physical activity, global data indicate that 23 per cent of all adults and 81 per cent of young people are not active enough, with reference to WHO's recommendations on physical activity. WHO has developed the toolkit ACTIVE, which comprises measures that aim to help more people become active every day, through; active societies (campaigns to promote active lifestyles); active environments (infrastructure that promotes cycling, walking etc.); active people (engaging people of all ages in regular physical activity); and active systems (strengthening leadership, governance, partnerships etc. to support policy implementation that increases activity).

THE GOVERNMENT WILL:

- Strengthen efforts to ensure healthy nutrition in line with WHO's advice on healthy diet^v, including reducing salt, sugar, saturated fats and trans fats. Promote breast-feeding and measures to improve mothers' nutrition before and during pregnancy, to ensure healthy growth and lifelong health benefits. This must be seen in conjunction with the action plan on sustainable food systems in Norwegian foreign and development policy^{xiv}, where the main goal is to increase food security. The plan contains a dedicated nutrition programme.
- Work to improve children and young people's knowledge of health, diet and physical activity, and ensure good access to healthy food and activity at school, in cooperation with relevant multilateral actors.



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Improving indoor and outdoor air quality

Air pollution kills 7 million people a year and can be characterised as a global health crisis. Norway has been a driving force in the international work on reducing air pollution for some time, in close cooperation with: the World Health Organization (WHO), the World Bank and the Climate and Clean Air Coalition (CCAC), among others. The CCAC, in turn, is a coalition comprising 67 countries, 57 civil society organisations and 18 intergovernmental organisations, including WHO, the World Bank, the UN Development Programme, the UN Environment Programme and the UN Food and Agriculture Organization. Norway has also led regional work on air pollution, under the auspices of the United Nations Economic Commission for Europe's Convention on Long-range Transboundary Air Pollution.

Norway's support of WHO's air quality activities has formed an important element of Norway's efforts in the area of non-communicable diseases to date. This has resulted in air pollution climbing to the top of the international political agenda. WHO also has an important normative function, and Norwegian funds have been used, among other things, to develop WHO Air Quality Guidelines, which specify levels of pollutants that are harmful to health. Today, more than 90 per cent of the world's inhabitants breathe air that contains pollution above the WHO-recommended levels.

Norway has also contributed to the initiation, foundation and continued operation of the BreatheLife campaign^v (breathelife2030.org), which mobilises national and local authorities to implement measures that provide cleaner air in line with WHO's Air Quality Guidelines as well as reducing climate emissions. The campaign is led by WHO, the UN Environment Programme, the World Bank and the Climate and Clean Air Coalition. Today, 63 countries, regions and cities, home to 271 million people, are members of the campaign, including cities in developed countries, such as: Oslo, Paris, London and Washington DC and cities in developing countries such as: Accra, Ghana; Kathmandu, Nepal and Bangalore, India. Another one of the campaign's goals is to mobilize the health sector, in particular, to contribute to the battle for clean air.

With regards to household air quality, more than three billion people in the world still cook over an open flame or use polluting cookstoves. Consequent indoor air pollution, particularly affects the health of women and children who spend the most time around the stove. WHO has published guidelines for indoor air quality. These guidelines set targets for emissions of pollutants from cookstoves, as well as making recommendations against the use of unprocessed coal or kerosene as household fuels. The guidelines also recommend shifting to cleaner fuels, such as LPG, electricity and ethanol, as alternatives to the use of coal, charcoal and the use of unimproved biomass stoves. It will be important to ensure that the guidelines are implemented, and Norway can contribute to this goal through its cooperation with WHO and other organizations.

The initiative 'Renewable energy in Norwegian development policy' has also supported a number of market-based solutions and models for expanding the use of cleaner and more effective cookstoves.

Norway's efforts supporting cleaner household energy solutions can be further enhanced through this initiative. It will be important to ensure that all clean cooking programmes and activities supported by aid funds from Norway comply with WHO's guidelines on indoor air quality.

THE GOVERNMENT WILL:

- Intensify efforts to reduce air pollution. Cooperation with WHO will continue to be important, as well as other multilateral organisations such as the UN Environment Programme, the World Bank, the Climate and Clean Air Coalition, the Clean Cooking Alliance, the UNECE Convention on Long-range Transboundary Air Pollution and the International Centre for Integrated Mountain Development (ICIMOD). The overriding goal will be to comply with WHO Air Quality Guidelines. The first goal is to reduce the number of deaths by two-thirds by 2030, in line with the Geneva Action Plan for Clean Air, which was presented at the First WHO Global Conference on Air Pollution and Health in 2018.
- Help ensure that more countries and cities participate in the BreatheLife campaign^v with the goal of improving air quality in line with WHO's recommendations.
- Promote pollution-free cooking through the initiative 'Renewable energy in Norwegian development policy'.

Taxes on products and pollution that harm health

If we want to improve global health, we have to tax things that are killing us. (Lawrence H. Summers, Co-chair, Bloomberg Task Force on Fiscal Policy for Health)

Tobacco, harmful use of alcohol, consumption of unhealthy food and drinks and air pollution have health impacts that impose a high cost on society. The greatest increase in mortality as a result of these risk factors is found in low- and middle-income countries. The Bloomberg report^{xv} on taxes on tobacco, alcohol and sugary beverages was launched in April 2019. One of its main conclusions was that up to 50 million lives could be saved over 50 years if 50 per cent higher excise taxes were levied on tobacco, alcohol and sugary beverages across the world. Such taxes have been demonstrated to have the greatest health benefits for young people and the poor.

Excise taxes currently constitute a very modest source of public income in most low- and middle-income countries. The possibilities generated by effective excise taxes, both with respect to reducing consumption and generating more income, suggest that more countries will request assistance in this area over time. It should be noted here that The Framework Convention on Tobacco Control includes a commitment to take health considerations into account when implementing tobacco price and tax measures.

Examples from countries that have introduced taxes show good results. Brazil increased the price of tobacco by more than 30 per cent between 2012 and 2016, which led to a 50 per cent reduction in tobacco consumption. Mexico introduced a tax on sugary beverages in 2014, which led to a price hike of around 10 per cent. The tax led to a reduction in consumption, and generated USD 1 billion in revenue for the state.

According to the World Bank's calculations, the world can only achieve the SDG goal of reducing premature deaths from non-communicable diseases by one-third by 2030 through investments in multi-sectoral measures. This needs to include higher taxes on, and more regulation of tobacco and emissions that cause air pollution, among other things, as well as the elimination of subsidies on fossil fuels. The action plan from the third Funding for Development conference in Addis Ababa in 2015 highlighted countries' responsibility to fund public services, through taxation, among other things.

The Norwegian 'Tax for Development' *Skatt for utvikling* programme is linked to the funding of the SDGs and pledged to double Norwegian taxation-related aid from 2015 to 2020. The Norwegian Tax Administration has an agreement with the Norwegian Agency for Development Cooperation (Norad) on the provision of relevant guidance and capacity building to the public sector in low-income countries requesting assistance.

The Knowledge Bank in Norad was established to coordinate and strengthen technical cooperation in areas where Norway has special expertise and sought-after experience. Tax for Development is organised under the Knowledge Bank and can be used as a channel for capacity-building in excise taxes that can have a positive effect on public health.

THE GOVERNMENT WILL:

- Support the work on taxation and regulation of products that are harmful to health such as tobacco and alcohol, and on emissions of air pollutants in low- and middle-income countries.
- Assist countries that request assistance to tax products that are harmful to health as well as emissions of air pollutants. Work through the Norwegian Tax for Development (*Skatt for utvikling*) programme will be important in this context.



Foto: Freepik

Strengthening health systems – with emphasis on primary health care

Norwegian development cooperation in the field of health has traditionally emphasised services aimed at preventing and treating communicable diseases; services linked to reproductive health and child health; and diseases linked to malnutrition. Less emphasis has been placed on the health sector's role in promoting good health throughout the life course and on preventing and treating non-communicable diseases.

With regards to the SDGs, Target 3.8 sets forth the goal of achieving Universal Health Coverage by 2030, including protection from financial risk in connection with treatment, access to basic health services and access to safe and effective medication and vaccines. The goal of Universal Health Coverage is also a cornerstone of WHO's general programme of work for the period 2019–2023, and the Director-General of WHO has made it one of the agency's flagship priorities.

Universal Health Coverage

Universal Health Coverage requires countries to develop their primary health care services. While many countries currently offer health services through a centralised hospital structure that is primarily only available to a small percentage of the population with the ability to pay, Universal Health Coverage is achieved by ensuring that primary health care services are available to everyone, including in rural areas. Access to health services must be based on public co-funding, so that no one is forced into poverty because of the high cost of treatment.

The effective introduction of Universal Health Coverage requires national ownership and funding. It is not the aid provider's task to finance the operation of a country's health services. The countries must start by prioritising the services that will benefit most people, and further develop the services in a sustainable manner within national funding frameworks.

WHO has an important role to play, both with respect to providing guidance to countries in connection with establishing a good public health system, and helping countries to deliver these services. To be capable of delivering such services, many countries will have to strengthen the legal, financial, administrative and management aspects of their health system; increase the number of health workers delivering services; and undertake measures that increase access to medicines.

Universal Health Coverage, as it is framed by Target 3.8 of the SDGs, is the best tool for protecting particularly vulnerable and weak groups. A health system based on Universal Health Coverage will give weak and vulnerable groups access to a well-considered and comprehensive set of basic health services including: diagnosis, treatment and follow-up as well as access to medication, vaccines, antibiotics and health checks.

Universal Health Coverage is the most cost-effective way of securing services for everyone, and thereby of meeting the important goal of Agenda 2030 and Norwegian development policy to leave no one behind. Universal Health Coverage should also ensure that people with mental disorders can access treatment without stigmatization.

Norway should continue to reiterate its political and technical support for the goal of achieving

Universal Health Coverage, based on strengthening primary health care services. Among other things, this is expressed through Norway's support for WHO's Universal Health Coverage programmes and activities, as well as its involvement in the UN High Level Meeting on UHC in September 2019.

It is also important to ensure coherence between the aims and activities all of the global health organizations that Norway supports. *The Global Action Plan for Healthy Lives and Well-being for All*, initiated by the heads of state of Ghana, Norway and Germany, launched in September 2019, constitutes a cooperation platform for the global health organisations to help achieve the health-related SDGs, including Target 3.8 on Universal Health Coverage.

THE GOVERNMENT WILL:

- Support WHO's work on SDG Target 3.8 on Universal Health Coverage, and draw attention to primary health care as being the best way a country can provide health services to its entire population, irrespective of income level, including the poorest and most vulnerable groups.
- Through board representation and budget allocations, ensure that organisations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and GAVI, The Vaccine Alliance contribute to the work on Universal Health Coverage through their involvement in low-income countries, and thus help combat non-communicable diseases.
- Ensure the inclusion of the most profitable measures to combat non-communicable diseases in primary health care services, with emphasis on prevention, diagnosis and treatment of the most common non-communicable diseases, and reducing NCD risk factors.

Mental health

People with mental disorders often experience exclusion and degrading treatment. Many countries have inadequate legislation to safeguard the rights of people with mental disorders. It is estimated that around 80 per cent of people in low- and middle-income countries who have a serious mental disorder do not receive adequate treatment. The figure is around 40 per cent for high-income countries. As a result of stigmatization

and discrimination, the rights of people with mental disorders are often violated. Many people experience restrictions in connection with the right to work, education, reproductive rights and the broader right to good health.

The World Health Organization has adopted a Mental Health Action Plan for 2013-2020^{vi}. The plan has now been extended to 2030. The plan concludes that mental health is an integral part of the concept of health on which WHO is based: *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*

The plan has four goals that all countries must make efforts to achieve. These aim to strengthen leadership and governance in mental health; to ensure that primary health care services include mental health and social services in a holistic and integral manner; to implement strategies to promote good mental health; to prevent mental disorders from early childhood; and to strengthen information systems, knowledge and research in mental health. WHO supports member state implementation of the action plan; WHO has developed a range of tools in the field and offers training to individual countries.

In Norway, a number of expert institutions and civil society groups have long experience in the development of mental health services in low-income countries. Although, mental health has not always had a well-defined place in Norwegian global health initiatives, in 2014 Norad sought to address the gap with a report on mental health in international aid and development policy. The report highlights opportunities to address mental health in the human rights context, as well as combat stigmatization, as potential areas of focus. Integrating programmes on mental health into Universal Health Coverage can serve the multiple purposes of combating stigma; strengthening human rights; and strengthening health systems.

Norad also has a funding scheme for organisations and projects that focus on people with disabilities, which also covers work on mental disorders.

THE GOVERNMENT WILL:

- Support efforts within the mental health field, including helping to implement the measures in WHO's Mental Health Action Plan^{vi}. Cooperation with WHO, authorities and national and local civil society organisations will be important in this context. Integrating mental health in other priority areas such as early childhood education, and collecting data on mental health will also be important elements in this work, cf. the Government's White Paper on digitalisation in development policy.
- Contribute to ensuring that the work on risk factors and treatment in the primary health care services includes both mental and physical health, and that mental health is adequately integrated.

Preventing cervical cancer

Certain types of non-communicable diseases are associated with infection. One of these is cervical cancer, which is linked to human papillomavirus (HPV). This type of cancer is very common in low-income countries and is thus relevant to this strategy. More than 250,000 women die of cervical cancer every year, and 85 per cent of these deaths take place in the least developed countries. The number of deaths is expected to rise by 50 per cent by 2030.

WHO's goal is to eliminate cervical cancer as a public health problem, and it will present a strategy on this to the World Health Assembly in 2020. This goal can only be achieved through a combination of HPV vaccinations, screening and cancer treatment. One of the strategy's goals is for 90 per cent of all girls under 13 to be vaccinated with the HPV vaccine; 70 per cent of women between the ages of 35 and 45 to be screened; and 90 per cent of all women diagnosed with cervical cancer to receive cancer treatment.

Norway has made major investments in GAVI, The Vaccine Alliance, contributing to around 10 per cent of GAVI's total budget. To date, GAVI has helped to introduce the HPV vaccine in six countries and vaccinated 1.5 million girls. The HPV vaccination programme is in the process of being expanded, and now aims to vaccinate 30 million girls between the ages of 9 and 14 by 2020. This could prevent up to 1 million deaths in the long term.

THE GOVERNMENT WILL:

- Support WHO's plan to eliminate cervical cancer as a public health problem.
- Support HPV vaccination and screening programmes to prevent cervical cancer through WHO and GAVI.

Foto: © WHO/M. VillalMonge



Preventing and treating high blood pressure

Cardiovascular diseases are among the non-communicable diseases that cause the biggest burden of disease and premature death. One of the most important risk factors for cardiovascular disease is hypertension, or high blood pressure. According to WHO, more than 1 billion people suffer from untreated high blood pressure. This is linked to a high dietary intake of salt among other things. It is therefore important to reduce the salt content in food.

In order to expand treatment options for high blood pressure, primary health care services in low-income countries must be reformed and strengthened. Ensuring universal access to hypertension diagnosis, guidance, follow-up and treatment services is a key factor in this context. A number of global health initiatives have focused on implementation of such programmes. There are also epidemiological and economic arguments for expanding access to the prevention and treatment of diabetes.

THE GOVERNMENT WILL:

- Help ensure that diagnosis and simple treatment for high blood pressure form part of primary health care.

Global public goods

Global public goods include normative work; access to health data and health information; digitalisation and research on reducing risk factors; primary health care services and introduction of functions; product development and market changes linked to non-communicable diseases.

Normative work

WHO is a key actor in work that aims to achieve the SDG Target 3.4 of reducing premature deaths from non-communicable diseases by one-third by 2030. WHO is the UN's normative body on health and a key partner for Norway and all countries that prioritise global health challenges. The organisation's remit is to contribute to better health for all and to be the leading coordinating body for international health cooperation. To these ends, WHO sets global guidelines; helps member states develop national health policies and norms in line with these guidelines; and provides technical support to countries for their implementation.

WHO has developed guidance on measures to prevent and control non-communicable diseases, and is engaged in supporting the implementation of such measures in member states to prevent and treat non-communicable diseases.

To intensify efforts to achieve the health-related SDGs, Ghana, Norway and Germany took the initiative in 2018 to prepare a *Global Action Plan for Healthy Lives and Well-being for All* for the main global health actors. WHO is leading this work, with the support of eleven other UN and multilateral organisations and the UN Secretary-General. The plan was launched in September 2019 at the UN General Assembly. The plan is playing a key role in leveraging a broad approach to achieving SDG Target 3.8 on Universal Health Coverage. It is important to ensure that combating non-communicable diseases is included in further follow-up.

THE GOVERNMENT WILL:

- Continue its support of WHO's normative work in this area, including implementing the Global Action Plan for the Prevention and Control of Noncommunicable Diseases.
- Strengthen WHO's work on including preventive and health promotion work to reduce the prevalence of non-communicable diseases as part of the Global Action Plan for achieving the health-related SDGs (*Global Action Plan for Healthy Lives and Well-being for All*).

Health information, digitalisation and research

Understanding the salient health challenges and whether health care services improve health is important for determining priorities and making decisions on how scarce resources are to be deployed. Without good health data, managing health care services sensibly is demanding. Without open access to health data, public debate will not be based on facts. Without the capacity to analyse and use data, health data will not be used expediently to stimulate effective prioritisation and management.

Norway's expertise in health information and digital health is widely recognised, and Norway has supported work in these areas for several years. Norway plans to intensify its focus on digital health in connection with the Government's White Paper on digital transformation and development policy. This may include providing support for the implementation of WHO's own digital strategy.

Disseminating health and nutritional information via mobile phones will make it possible to increase people's knowledge and change their attitudes and behaviour. Sending targeted and engaging content via text messages, sound and/or video files may positively affect health behaviour linked to choosing healthy food, physical activity and using health care services. Apps also make it possible to prevent and monitor diseases at the individual level.

Norwegian health aid shall be as knowledge-based as possible. This means, among other things, that the measures must be documented as being effective, so that they work as intended, including under different conditions. The measures recommended by WHO will form an important basis for the strategy. Research on combating non-communicable diseases in partner countries will enable Norway to contribute to the development of new knowledge that benefits public health.

THE GOVERNMENT WILL:

- Intensify efforts in digital health as part of the implementation of the White Paper on digital transformation and development policy^{vii}. We will continue to help improve the quality of health data and health data registers at country level, and develop digital health information systems in low-income countries, in cooperation with partners including the University of Oslo and the Norwegian Institute of Public Health.
- Increase collection of data on mental health, by, among other things, mapping prevalence and problems to ensure expedient measures.
- Contribute to the global knowledge base on combating non-communicable diseases through relevant research programmes and institutions.
- Improve knowledge about the impact of air pollution and climate change on health.

Other areas

Health initiatives in humanitarian efforts

The treatment of non-communicable diseases creates special challenges in humanitarian crises, where health care services are undermined and access to treatment is impeded. However, in light of the overall increase in NCDs, humanitarian and emergency response actors must be prepared to respond.

Norway's humanitarian strategy (2019-2023) states that 'support for lifesaving basic health services is an important element of Norway's humanitarian efforts', and that 'Norway's humanitarian and development efforts have many of the same priorities, such as (...) prevention of pandemics and non-communicable diseases'. The strategy also includes efforts to make humanitarian operations more environmentally friendly.

Ensuring continuity in treatment of non-communicable diseases should therefore be a priority, including for people suffering from conditions such as diabetes, asthma and rheumatic conditions. Steps should be taken to facilitate breastfeeding in crisis situations, e.g. through establishment of safe spaces in refugee camps.

Most refugee camps currently use diesel or heavy oil generators, which are very polluting and

expensive. Norway already supports actors working on ensuring access to more efficient and clean cookstoves and fuel in certain refugee camps. It is also important that the food rations distributed in the camps are healthy and nutritious and do not contain empty calories.

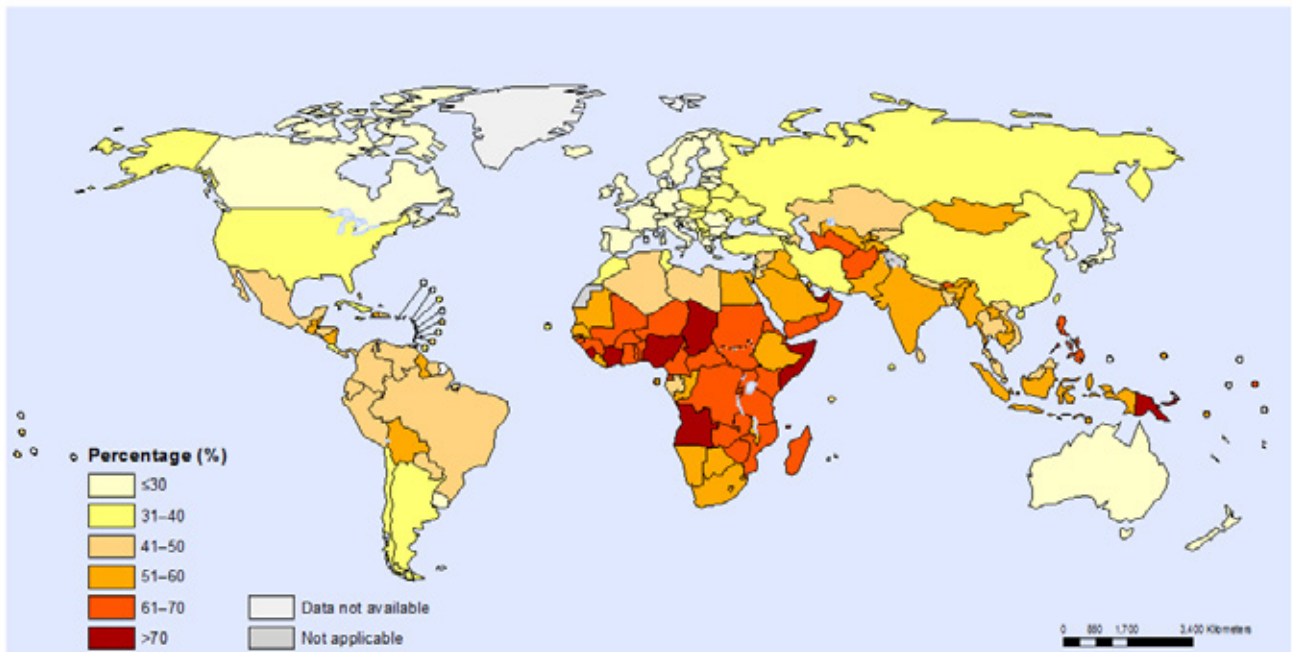
Education

Educating young people about health and risk factors is an important means of increasing their knowledge and making them better equipped to make good decisions about their own health. Norway will work to ensure that curricula relating to the health impacts of smoking, alcohol, unhealthy diets, air pollution and a low level of physical activity are included in educational programmes in partner countries, as well as to promote school health services as a platform for early prevention.

THE GOVERNMENT WILL:

- Work to improve access to medical equipment and medication in areas hit by crises and conflict to prevent/treat non-communicable diseases. Ensure healthy and nutritious food rations and facilitate breastfeeding in refugee camps (safe spaces).
- Intensify efforts to facilitate clean cooking in refugee camps.
- Intensify efforts to prevent non-communicable diseases in a lifecycle perspective through existing programmes and activities under Norway's education initiative in development policy, including through promotion of school health services as platforms for early prevention.
- Support WHO's work on preventing disabilities in people with diabetes. This will form part of the initiative focusing on people with disabilities.

**Percentage of deaths due to noncommunicable diseases occurring under age of 70
Both sexes, 2015**



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

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Implementation of the strategy

Many of the people who will die from a heart attack, stroke or cancer in 2030 are today's young and middle-aged adults. They are starting their journey towards an untimely death now, unless bolder measures are taken across governments and involving the whole of society (WHO Independent High-Level Commission on NCDs).

Development aid funds

Today, Norwegian health-related development aid primarily goes to combating communicable diseases; to mother and child health; and to initiatives on sexual and reproductive health and rights. Just over 1 per cent of current health aid is allocated initiatives that focus on reducing the prevalence of non-communicable diseases. It is Norway's ambition to play a leading role in combating non-communicable diseases in low-income countries through development cooperation. This will require an increase in the allocations to this field from the aid budget, in line with the priority focus areas in this strategy. In addition, allocations to other related areas may contribute to achieving the goals of the strategy (education; food security and nutrition; climate change; environment and clean energy; people with disabilities; humanitarian efforts).

The implementation of the strategy requires funding for normative work, for capacity-building and for the implementation of global action plans and strategies, primarily through WHO as a global leader in the field. Funds may also go to other key multilateral organisations and partners that are active in the priority focus areas in order to achieve the strategy's goals. Efforts in partner countries through Norway's foreign service missions as well as civil society may also be supported.

Improved coordination of NCD efforts that may be scattered across existing platforms and initiatives will also be important. There is unused potential for integrating measures combating non-communicable diseases into the global health programmes that Norway already supports. We should, for example, encourage the Global Financing Facility (GFF) to increase its support for initiatives on non-communicable diseases that affect their core groups. Furthermore, some of the funding allocated to GAVI, The Vaccine Alliance and the Global Fund goes to strengthening health care systems with emphasis on primary health care services, and this support can also support integrated service delivery to prevent non-communicable diseases.

Finally, Norway has advocated intensifying efforts and improving coordination among the organisations that work in the health field through the *Global Action Plan for Healthy Lives and Well-being for All*, and whose goal is to more effectively achieve the health-related SDGs. This should be followed up to ensure that these efforts also contribute to combating non-communicable diseases.

Political efforts

Several of the tasks in the strategy will require efforts at the political level. The World Health Assembly is a key arena in which Norway will continue to advocate intensifying the global commitment to combating non-communicable diseases. The strategy also sets out more specific initiatives in which political and diplomatic efforts will be vital. They will be important, for example, in efforts to achieve global commitments and effective measures to prevent harmful air quality.

Efforts to combat non-communicable diseases should also be included in negotiations in different areas and incorporated into existing and forthcoming political documents, including relevant white papers (e.g. the White Paper on digital transformation and development policy); strategies (strategy on renewable energy in developing countries); action plans (action plan on sustainable food systems); and other programmes and focus areas (Tax for Development, climate change adaptation, vulnerable groups, people with disabilities).

Other important organisations in the field of development should be encouraged to intensify their efforts in relation to non-communicable diseases as relevant. We should advocate that organisations such as the UN Development Programme (UNDP), the World Bank, the UN Children's Fund (UNICEF), the UN Food and Agriculture Organization (FAO), the UN Environment Programme (UNEP), the UN Educational, Scientific and Cultural Organization (UNESCO), the World Trade Organization (WTO) and the UN Conference on Trade and Development (UNCTAD) strengthen their efforts in the field to contribute to development, avert poverty and achieve the SDGs that are fundamental to their work.

Potential channels and partners

The main channel for Norwegian aid to combat non-communicable diseases in low-income countries will be multilateral organisations. WHO will be an important partner, both because WHO's knowledge and recommendations on effective measures will form the basis for the initiative, and because through its regional and country offices, WHO is already actively engaged in assisting member states. The Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM) will be an important platform, in order to enhance the coordination of activities at national, regional and global level. It will also be necessary to strengthen cooperation with other multilateral organisations and conventions.

Norway will strengthen its cooperation with non-state actors in the field, especially civil society organisations in low-income countries, but also with Norwegian and international civil society organisations. Civil society already is a driving force in combating non-communicable diseases and implementing international commitments. Cooperation with philanthropic foundations may also make an important contribution to the global work on non-communicable diseases.

A cautious approach must be taken to involving commercial actors, particularly those who may produce products and foodstuffs harmful to health. Experience shows that conflicts of interest can quickly arise, and that it is difficult to get the private sector on board to help achieve public health policy goals. This may be a particular problem in low-income countries where market regulation is poor and commercial actors wield significant political power.

The Framework of Engagement with Non-State Actors^{xvi}, will form the basis for all measures and projects involving WHO. Other global health actors and civil society may have their own rules for engaging with the private sector.

Norway will in no event support measures or projects that directly involve actors from the private sector in work on national policy design.

The private sector can nonetheless play a constructive role in the work on implementing policies already adopted. The 2018 UN Political Declaration of the High-Level Meeting on non-communicable diseases invites the private sector to increase the contribution it makes to implementing national measures to prevent, control and treat non-communicable diseases. This could include contributing to a safe and healthy working environment, and the cessation of advertising and sale of alcohol to minors. Another area mentioned is that children should not be exposed to advertising of food with a high content of salt, sugar, trans fat and saturated fat, and that information about nutrients in food must be provided in accordance with international guidelines.

Follow-up

A results framework will be prepared in 2020 containing an overview of the goals for the different focus areas. The plan is to review the status of the Strategy, with emphasis on goal attainment, midway and towards the end of the strategy period (2024).

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