

## **2018 is the year to stand together against NCDs and TB**

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Mr. N is a survivor of tuberculosis disease in Quezon City, Philippines. © 2011 Klien M. Eco, Courtesy of Photoshare

[24 March is World TB Day](#) [1]. This is an ideal day to shine a light not only on tuberculosis, but also on the links between TB and NCDs. These two epidemics need an integrated response if we are to beat them. Dr Svetlana Axelrod, WHO Assistant-Director General for Noncommunicable Diseases and Mental Health shares perspectives on the commonalities between TB and NCDs, particularly in responding to their significant burdens and the need for leadership from all to beat NCDs and end TB.

World leaders and leaders from across society are recognising the need to emerge from the silos to which even health professionals have been confined, and collaborate to advance universal health coverage.

We know the burden. Every year, 40 million people die from NCDs, primarily from diabetes, cardiovascular diseases, cancers, and chronic respiratory diseases, including 15 million in the prime of their lives between the ages of 30 and 70. Around 5,000 people die of TB every day and millions suffer from it. It is the poorer countries who are being hardest hit by the NCD and TB epidemics.

### **Common risk factors & determinants**

*NCDs and TB share many risk factors and are often found in the same person. They also share numerous underlying social determinants: there is a strong association with poverty, living and working conditions, and financial and social protection.*

As we know, NCD risk factors include some of the most familiar risk factors for TB – use of tobacco and alcohol, undernutrition, environmental exposure to silica dust, and indoor air pollution. Some NCDs, such as diabetes, significantly increase the risk of TB. Given their high prevalence, a large part of the TB burden can be attributed to NCDs and NCD risk factors. The main NCDs are common comorbidities among people seeking care for TB, which complicates the management of TB and contributes to poor TB treatment outcomes, including death. At the same

time, TB can increase the risk of or aggravate NCDs.

### Common barriers to progress

Despite the evidence and guidance now available, there are as yet limited efforts for coordinated planning, implementation and funding for joint TB and NCD initiatives. An effective NCD and TB response requires robust health systems and rapid progress towards universal health coverage, so that everyone at risk or affected by these conditions can have access to quality prevention, treatment, care and support services.

### Common need for integration & coordination

The world needs to focus on integrated planning and prevention by addressing the common risk factors of these two epidemics. Responses to TB and NCDs also require long-term, well organised, people-centred disease management, in most cases within comprehensive primary care. An integrated response advances universal health coverage by increasing the efficiency and effectiveness of service delivery.

### Common milestone for health leaders: 2018 UN General Assembly

World leaders recognised the urgency and the importance of addressing both epidemics in the Sustainable Development Goals, and 2018 is going to be an important year if we are to meet the Goals. Two United Nations General Assembly High-level Meetings on [NCDs and mental health](#) [2], and [on TB](#) [3] will take place this year in New York: the third one for NCDs and the first for TB. Both epidemics will be raised to the highest political level, providing an opportunity to drive global efforts to beat NCDs and promote mental health and well-being, prevent avoidable deaths, extend and improve people's lives and end TB, the top infectious killer in the world. Having these meetings back to back can help to forge the political will needed to prioritise, fund and enable the coordination of national NCD and TB policies and programmes, while applying an integrated approach.

### Common ambition needs coalitions, partnerships & leadership

*We are ambitious, but an effective public health response to the threat posed by NCDs and TB can be achieved by making strong coalitions and partnerships within governments and working across society.*

Globally and regionally, we need to support countries as they improve their capacity to respond to TB and NCDs in a combined way; call for international donors to increase alignment with country needs; and promote research and innovation. We are ambitious, but an effective public health response to the threat posed by NCDs and TB can be achieved by making strong coalitions and partnerships within governments and working across society. We rely on civil society to support us, to speak up, advocate and attract the attention of world leaders to take bold and decisive action to save, extend and improve millions of lives. 2018 has to be the year when we finally stand together against these two epidemics.

### Common opportunities in pursuing Health For All

*WHO's targets are ambitious: by 2023, one billion more people to benefit from universal health coverage, one billion to be better protected from health emergencies and one billion to enjoy better health and well-being.*

***The three strategic priorities of the [WHO's new general programme of work](#) [4] have ambitious targets – by 2023, one billion more people to benefit from universal health coverage, one billion to be better protected from health emergencies and one billion to enjoy better health and well-being. They will help the global community to work across disease groups and achieve a healthier world for all.***

### About the Author

**Dr Svetlana Axelrod** ([@DrAxelrod\\_WHO](#) [5]) is WHO Assistant Director General for [Non-Communicable Diseases and Mental Health](#) [6] and leads the work of WHO in tackling the major killers of our time – NCDs - and their major risk factors. She also oversees the Organization's work to address malnutrition in all its forms, foodborne diseases and zoonoses, substance abuse, disability, violence and injuries, as well as work to promote oral, eye and ear health, and mental health and well-being. The global health challenges associated with all these factors cause suffering and millions of avoidable premature deaths; they also threaten global social and economic development.

Dr Axelrod is coordinating the preparatory process for the Third UN High-level Meeting on NCDs and mental health that will take place later this year in New York. Heads of state and of government will decide what bold actions the world must take to succeed in meeting Sustainable Development Goal target 3.4: by 2030 reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and well-being. Dr Axelrod also coordinates the work of the WHO Independent High-level Commission on NCDs, co-chairs the WHO Civil Society Working Group and oversees other global multistakeholder initiatives that will provide input to the outcome document of the High-level Meeting.

### Featured:

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[2] <http://www.who.int/ncds/governance/third-un-meeting/en/>

[3] [http://www.who.int/tb/features\\_archive/UNGA\\_HLM\\_ending\\_TB/en/](http://www.who.int/tb/features_archive/UNGA_HLM_ending_TB/en/)

[4] <http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/>

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