



## Non-Communicable Diseases (NCD) in the Middle East and North Africa: Evidence for Advocating for SDG Target 3.4

Nisreen Salti

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### The background

Non-communicable diseases (NCDs) kill 40 million people each year, accounting for 70% of all deaths globally. Four diseases are responsible for 80% of all premature NCD deaths: cardiovascular diseases (causing 17.7 million deaths annually), cancer (8.8 million), chronic respiratory diseases (3.9 million) and diabetes (1.6 million). The trends in NCD incidence and mortality are also on the rise for a number of reasons, including (a) the increased prevalence of key modifiable behavioral risks, such as tobacco and alcohol use, obesity and reduced physical activity and (b) a growing and aging population.

The Middle East and North Africa (MENA) are no exception to these global trends in NCDs both in terms of the heavy health burden of NCDs and in terms of rising trends due to increasing risk factors. In 2017, five

major NCDs accounted for 43% of annual deaths in the MENA region: ischemic heart disease, lung and breast cancers, diabetes, chronic obstructive respiratory disease. The latter three diseases have shown some the highest rates of growth in mortality over the past few decades in the region.

### The problem

NCDs are diseases of long duration and slow progress. As a result, they typically impose substantial economic losses on individuals, households, health systems and governments. The problem is globally acknowledged in target 3.4 of the Sustainable Development Goal (SDG) related to health, which aims to reduce by one third mortality from NCDs by 2030. In the first five years towards SDGs, little progress has been achieved in the MENA region in meeting target 3.4.



Investment is required in NCD prevention and treatment to achieve SDG goals, and economies in the region have been fiscally constrained because of sluggish growth due to plummeting oil prices (in the case of GCCs and other oil exporters), lower remittances (in the case of labor exporters), and depleted capacity (in the case of conflict countries). Yet the costs in the medium and long runs from failing to invest in policies to curb NCDs are colossal.

### **The intervention**

In response to the restrictive economic constraints that policy makers in the region are currently facing, producing evidence that directly tackles the narrow fiscal space in which governments operate can be an effective tool for advocating for investments that mitigate the burden of NCDs.

Our simulation exercise produce a conservative lower bound estimate of the macroeconomic gains that could be achieved by gradually reducing mortality from these five diseases until target 3.4 is met in 2030. Over the coming decade, countries stand to save between 4.5% (Jordan) and 22% (Morocco) of their current total public spending on health. The estimates suggest that there is ample space for spending on interventions aimed at

reducing NCD mortality and still expect net economic gains.

### **The message**

The economic barriers to investing in policies that reduce the behavioral, environmental and metabolic risk factors of NCDs, that improve detection and diagnosis and that enhance treatment are significant. But the push for this investment can be more effective when:

- monetary estimates of the savings are made available from even modest reductions in NCD mortality (a 33% overall reduction rolled out over 10 years)
- an expected schedule of the savings is produced that shows that even during the transition (which is the costliest phase):
  - gains materialize immediately
  - but grow rapidly with time

