

09 Easing the Burden of Noncommunicable Disease

Situation

According to the World Health Organization (WHO), of 57 million global deaths in 2008, 36 million, or 63 percent, were due to noncommunicable diseases (NCDs).¹ Specific NCDs cited by the WHO include diabetes; chronic respiratory disease, such as chronic obstructive lung disease (COLD); stroke; chronic heart disease; and cancer. NCDs also include Alzheimer's disease, glaucoma, osteoporosis, rheumatoid arthritis, Parkinson's disease, hypertension, and hyperlipidemia.

NCDs were identified as a key policy issue by countries worldwide at the United Nations (UN) Health Summit in September 2011. While NCDs are not communicated from person to person, they are generally difficult to treat because their causes are not easily eliminated. Moreover, unless appropriate medical treatments are continued, an NCD may progress to the point of creating a high risk of unexpected life-threatening events while a person is still middle-aged.

NCDs are fundamentally different from infectious diseases and cannot be controlled through the same traditional public health policies, programs and strategies. NCDs cannot be halted unless there are commitments by the individuals affected that are accompanied by proactive and aggressive treatments.

Current State of NCDs, Future Predictions

The prevalence of NCDs is increasing sharply worldwide among middle-aged individuals and senior citizens.¹ The WHO forecasts that the number of global deaths due to NCDs each year could reach 55 million by 2030. The NCD with the highest mortality rate based on the percentage of patients who died in 2008 is heart disease (48 percent), followed by cancers (21 percent) and chronic respiratory diseases (12 percent). The number of annual deaths worldwide due to heart disease is predicted to increase from 17 million in 2008 to 25 million in

2030. Cancer-related deaths are expected to jump from 7.6 million to 13 million during the same period.

NCDs are regarded as an important health policy issue in the United States not only because they are a public health issue affecting the quality of life of 10 million U.S. citizens, but also because they are placing a heavy burden on the government budget which amounts to billions of dollars each year. NCDs are also a large factor in the increase in U.S. healthcare expenditure and lower productivity. The U.S. Centers for Disease Control and Prevention (CDC) has been at the forefront of implementing NCD countermeasures over the past 20 years, but the impact of those measures has been limited.² According to the 2010 WHO report on NCDs, 87 percent of the deaths in the United States were due to NCDs.²

Current Status, Issues in Japan

According to statistics released by the Ministry of Health, Labour and Welfare (MHLW), the number of deaths due to malignant neoplasms, heart disease, stroke, diabetes, and hypertension in the 2009 fiscal year accounted for 60 percent of all deaths in Japan.³ Even in a nation with advanced healthcare such as Japan, the death rate from NCDs does not differ greatly from the global average.

As Japan's population ages, there is an increasing possibility that the gap between the average life expectancy and the average healthy life expectancy may grow.⁴ The gap for men is 9.22 years and for women 12.77 years, which indicates that on average the last ten years of life are spent in a condition that cannot be considered as healthy. Thus, it is possible that, without treatment of NCDs that could have been prevented with proper care, this final stage of life will not be lived in a comfortable manner and it will be a time when high medical and nursing care costs are incurred.

Closing the gap between life expectancy and healthy life expectancy is a policy issue that is not only a question of finances, but also a fundamental question of how people will live out the final years of their lives.

Despite the fact that the importance of dealing with NCDs has been recognized in the global medical and health policy community for some time, awareness levels and the importance placed on individual initiatives for NCDs remains very low in Japan. An NCD public opinion survey (1,791 respondents) conducted by the Pharmaceutical Research and Manufacturers of America (PhRMA) in 2012 revealed that the level of understanding about NCDs is very low in terms of both disease awareness and the serious societal impact in the future. The disease profile described in the survey is that “NCDs are irreversible and progressive diseases that lead to serious or deadly health conditions in the later or terminal stage life, that cannot be prevented by immunization or other traditional public health initiatives, that cannot be controlled through dietary controls or physical exercises alone, and that require strong self-commitment to change entire lifestyles supported by appropriate medical treatments.”

If people had an accurate understanding of the disease profile of NCDs described above, then the opinion survey results would have shown a higher level of understanding about the importance of active prevention, early detection of disease, and active treatment. The survey results also suggest that if people had a more accurate understanding of NCDs, then one could expect to see more positive behavioral changes, including greater likelihood to have regular health checkups and, in case a disease is found, to voluntarily commence and continue treatment.

In many cases, NCDs are progressive, chronic diseases for which there are no cures and which are likely to lead to a lower quality of life (QOL) or even death if proper treatment is not

continued. But, even after an NCD has been contracted, in a large percentage of cases, a certain level of QOL can be maintained over the course of a lifetime, through continuous, active disease management. With advances in medicine, it has become possible to effectively manage many NCDs through active and early treatment. Thus, efforts to promote accurate public awareness of disease profiles and risks, and importance of proactive disease management will become more important in the coming years.

Current Policy

In September 2011, a UN Summit declared that NCDs are a “key policy issue that must be addressed by nations worldwide.” This declaration reflects the high level of importance attached to addressing NCDs in global and national medical and healthcare policies and indicates that governments worldwide are taking the initiative to promote active policy discussions about how to respond to the challenge of NCDs.⁶

In 2012 in Japan, a revised set of “Healthy Japan 21” health policy goals was published. In addition to including goals for primary prevention of chronic lifestyle diseases such as metabolism screening rates, it also mirrors measures used globally to address the four major NCD-related risk factors: smoking, overeating, excessive alcohol consumption, and lack of regular exercise. It also added numerical targets related to four major diseases (cancer, cardiovascular diseases, diabetes and chronic obstructive pulmonary disease [(COPD)]), such as to reduce the number of deteriorations and complications especially for diabetes.

For these goals to be achieved successfully and for Japan to achieve its health goals, it is essential for the Japanese government to create an effective plan and to provide financial resources. It is also essential that an effective framework is created in cooperation with local

governments that will implement this plan at the prefectural, city, and town levels.

Recommendations

• Education and Spread of NCD-related Countermeasures

If NCDs are to be understood and NCD-related illnesses are to be prevented from progressing, it is vital that:

- Government and the private sector provide members of the public, patients and their family members with accurate knowledge about disease profiles of NCDs including mid- and long-term risks of advanced stages of NCDs, and methods for prevention or maintenance of NCD-related illnesses.
- Government and the private sector ensure that members of the public take steps to treat NCDs when contracted.
- NCD-related education and information about how to counter NCDs are disseminated widely.
- Government, members of the public and the private sector should cooperate to address NCDs and involve members of the general public and the media in communicating the importance of measures to curb NCDs. Ideally, this would trigger behavioral changes among patients and members of the public, including voluntary and active prevention, early detection and treatment, and in turn lead to lengthened healthy life spans and improved control of healthcare expenditures.

• Fostering Primary Care Specialists

When government is promoting a comprehensive community-based care system, an environment must be created in which there are more primary care specialists who treat and provide guidance for a broad range of diseases. In addition, a plan is needed to create medical reimbursement incentives that strengthen community medical care by elevating the status of primary care specialists.

• Multi-faceted Education System

There is an urgent need for new and expanded

university-level courses to develop family medicine practitioners. Medical school and continuing education curricula must also stress the importance of NCD prevention and treatment. The medical care system needs to rapidly transition to a community- and home-based system focusing on the family. This calls for appropriate medical staff education.

• Promoting Industry-Government-Academia-Public Collaboration

The prevention and treatment of NCDs calls for the involvement of various governmental agencies such as Ministry of Education, Culture, Sports, Science and Technology, Ministry of Health, Labour and Welfare, Ministry of Internal Affairs and Communications, Ministry of Economy and Ministry of Finance, and cooperation and collaboration among governmental agencies. This is essential to achieve Japan's healthcare and medical strategy including NCD-related countermeasures.

In addition, industry, government, academia and members of the public must work together to implement and execute any plans to increase awareness of NCDs at the community level nationwide. This will require that the central government, prefectures and municipalities cooperate to introduce integrated health policy reforms. In addition, numerical target indices should be used to evaluate the effectiveness of these activities and their results, while adjusting policies based on a plan-do-check-act (PDCA) cycle.

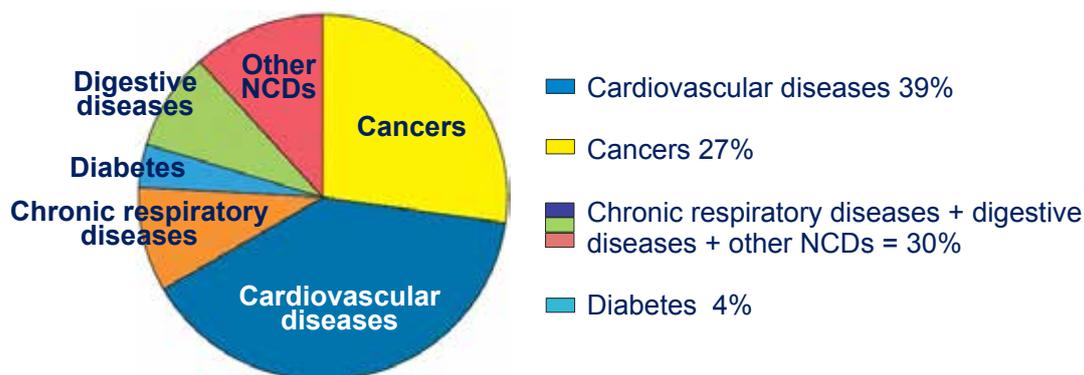
References

1. World Health Organization. Global Status Report on Noncommunicable Diseases 2010. www.who.int.
2. Centers for Disease Control and Prevention. Global health—noncommunicable diseases. www.cdc.gov/globalhealth/ncd/.
3. Ministry of Health, Labour and Welfare. Public healthcare costs, FY2009.
4. Ministry of Health, Labour and Welfare. Healthy Japan 21 (Second Version).
5. PhRMA symposium. 2012. Importance of NCD (noncommunicable disease) measures in the aging nation of Japan, November 26.
6. United Nations. 2011. Political declaration of the high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, September 19, 2011.

9. Global Status of Noncommunicable Disease

- The diseases are aggravated if patients are not aware of their condition and do not undergo treatment
- In 2008, 57 million deaths occurred worldwide, 36 million (63%) due to NCDs
- NCDs are difficult to cure and are likely to cause unexpected, life-threatening events if adequate treatment is not received
- Some 44% of all NCD-related deaths occurred before the age of 70

2008 Global NCD-related Deaths of Persons under 70

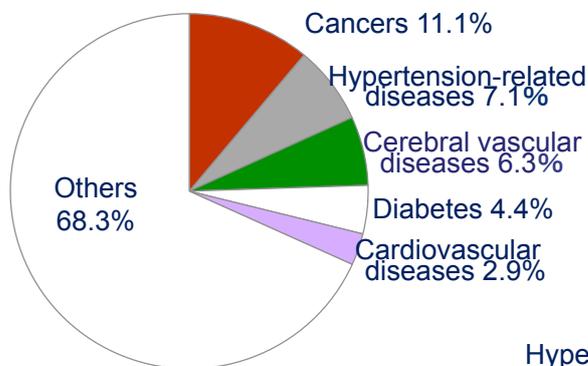


Source: Global status report on noncommunicable diseases 2010, WHO

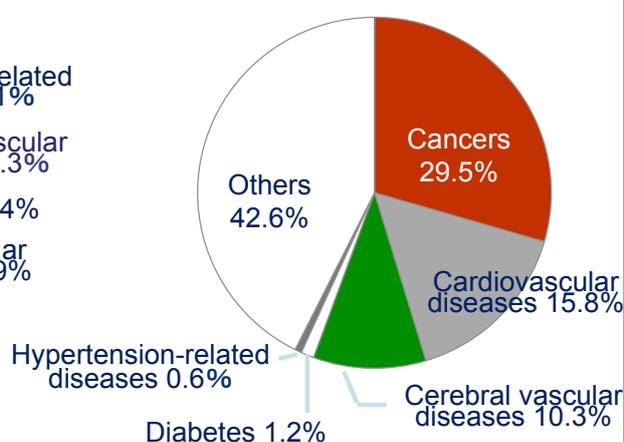
9. Japan: NCDs Boost Death, Physical Burden, Healthcare Expenditure

NCDs: account for about 30% of national healthcare expenditure, about 60% of total deaths

Healthcare Expenditure



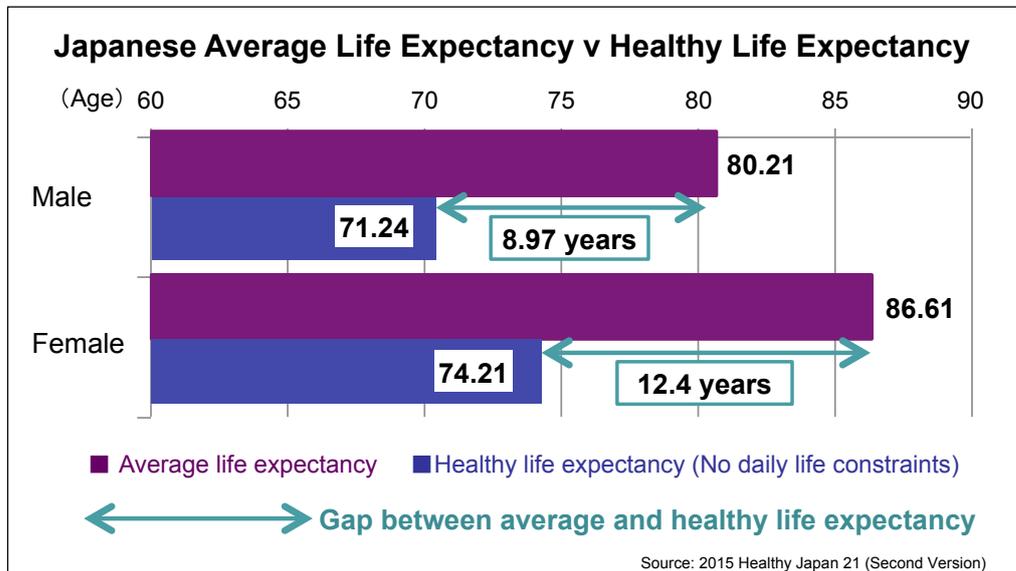
Mortality



Source: 2015 Healthy Japan 21 (Second Version)

9. Importance of Healthier Life Expectancy

- Gaps between average life expectancy and healthy life expectancy represent an unhealthy period with daily life constraints
- There may be medical and nursing expenses during this period



9. NCD-related Health Policy Recommendations

- **Importance of NCD measures**
 - Enhance people's awareness to produce behavioral changes
 - Government should take initiative; public, private sectors should cooperate
 - Extend healthy life span through preventive care, early detection, rapid cure
- **Primary care specialist**
 - Set up education system for primary care specialist to boost numbers, quality
 - Promote status of family doctors, better incentives (medical service fees)
 - Have family doctor-run, community medical services, near patients' homes
- **Set up multifaceted education systems**
 - Implement training, postgraduate programs at medical schools
 - Educate medical staff who support doctors
 - At school, teach children about NCDs, preventive care, adequate treatment
- **Collaboration**
 - Government ministries, offices, academia and people must cooperate
 - Define role/responsibility of government/municipalities in healthcare plan
 - Have performance index, milestones to set up PDCA cycle