For the first time in history, more people are dying of noncommunicable diseases (NCDs) such as heart disease, chronic respiratory diseases, cancer and diabetes than infectious diseases. Many of these deaths are preventable.

International organizations have already begun to recognize the importance of fighting NCDs: the United Nations has made reducing NCD risk factors a major focus of the Sustainable Development Goals (SDGs) for 2030, and the World Health Organization (WHO) appointed former New York City Mayor Mike Bloomberg the first Global Ambassador for NCDs in 2016.

But overall, funding priorities and policy action have not caught up with this evolving threat. While communicable diseases account for about one quarter of deaths in low- and middle-income countries, NCDs account for two-thirds of deaths in these countries. Yet only 1% of global aid dollars for health go toward addressing them.

How is it possible that there is such an imbalance between what the data show to be the dominant public health threat in low- and middle-income countries and the dollars spent on stemming their spread?

Part of the problem is perception. There is a sense among some that NCDs are inevitable and that those who suffer from them are victims of their own negligence. Furthermore, entire industries—such as the food and beverage industries, as well as the tobacco industry—spend billions of dollars to promote products and behaviors that cause NCDs, which can make it harder for governments to take them on.

But people dying around the world are dying largely from NCDs, and there are proven strategies to reduce these deaths. With the right approach, we can reduce health care costs and save more lives.

The first step is changing the way we think about NCDs. As academics and scientists, we treat NCDs individually, as unique pathologies with unique expressions and tailored treatments. But as policymakers, it behooves us to consider them as a group. Collectively, NCDs are preventable illnesses that have common risk factors, including tobacco use, harmful use of alcohol, physical inactivity, air pollution and unhealthy diet.

Because many NCDs are associated with the same risk factors, there is a strong case to be made for health ministers and policymakers to implement policies and strategies that are laser-focused on reducing exposure to these risk factors. If tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol were eliminated, around 75% of heart disease, stroke and type 2 diabetes cases would be prevented, along with 40% of cancer cases ('10 Facts on Noncommunicable Diseases,’ World Health Organization).

Data show that, when enforced, smart government policies that change the environment to encourage healthy behaviors can significantly reduce the risk of NCDs. Governments, health professionals and leaders should seize the opportunity to prioritize and implement them.

Fighting NCDs with policies that attack their root causes works. New York City is a prime example of that: when he was mayor of New York, Mike Bloomberg put in place a comprehensive smoke-free public place law, banned trans fats in restaurants and worked to fight childhood obesity by taking on the soda industry—initiatives that contributed to
increased life expectancy of New Yorkers by 38 months between 2001 and 2013.

Bloomberg Philanthropies is now replicating those efforts on a wider scale to combat NCDs around the world through initiatives like the Partnership for Healthy Cities, a network of more than 50 cities whose mayors have committed to promoting healthier lives for their citizens by adopting one of 10 interventions proven to reduce NCDs and injuries. These interventions include:

- Creating a smoke-free city
- Banning tobacco advertising
- Reducing sugary drink consumption
- Promoting healthy food for all
- Creating walkable, bikeable, livable streets
- Reducing drink driving
- Promoting clean household energy to reduce air pollution
- Reducing speeding
- Increasing seatbelt and helmet use
- Monitoring NCD risk factors

Below are some of the NCD risk factors that cities (and countries) are targeting with smart, data-based policies.

**Tobacco use**

No conversation about fighting NCDs can begin without discussing tobacco. Tobacco use is a risk factor for every category of NCD: heart disease and stroke, respiratory diseases, cancer and diabetes. It kills over 7 million people each year, accounting for more than 1 in 10 deaths worldwide. Furthermore, a formidable industry exists with the express goal of encouraging tobacco use; most deaths from tobacco occur in low- and middle-income countries where the tobacco industry now targets its marketing.

Bloomberg Philanthropies supports WHO’s six proven MPOWER strategies in low- and middle-income countries. To date, more than 66 countries have adopted at least one of these strategies to fight tobacco use, which include:

- Monitoring tobacco use and prevention policies
- Protecting people from tobacco smoke
- Offering help to quit tobacco use
- Warning people about the dangers of tobacco
- Enforcing bans on tobacco advertising, promotion and sponsorship
- Raising taxes on tobacco

Through the Partnership for Healthy Cities, several cities are tackling tobacco use from every angle. Some, like Kigali and Kampala, are establishing and implementing local smoke-free legislation. Others, like Amman and Kathmandu, will focus on enforcing existing legislation through strategies like inspections and communications campaigns to raise awareness of existing laws and the dangers of tobacco use. Others, like Jakarta, will improve enforcement of existing bans on tobacco advertising, promotion and sponsorship.

By our count, developing partnerships, making smart investments and advocating for proven tobacco control strategies through Bloomberg Philanthropies initiatives has so far helped save nearly 35 million lives.

**Unhealthy diet**

A poor diet high in sugar and salt is a major risk factor for many NCDs. Excess consumption of salt and sugar can contribute to hypertension and obesity, respectively (‘Fiscal Policies for Diet and Prevention of Noncommunicable Diseases,’ World Health Organization, 11). Hypertension is a leading risk factor for heart disease and stroke, while obesity increases the likelihood of developing diabetes, heart disease, and certain types of cancer (‘2014 Global Status Report on Noncommunicable Diseases,’ World Health Organization, xiv). More than two billion people—approximately 30% of the world’s population—are overweight or obese, and over 60% of obese individuals live in low- and middle-income countries.

In addition to global work in this area, Bloomberg Philanthropies supports policy efforts in several cities to tackle sugar and salt consumption. Cape Town is exploring local policy options to reduce sugary drinks in schools while also running public awareness campaigns on the harms associated with
consuming sugary drinks; London is improving nutrition standards to foster healthier eating in early education settings; and Montevideo is proposing a new regulation to require restaurants to offer 10% of items with no added salt, and working to implement a national policy restricting high-sodium condiments in restaurants.

Finally, the recently announced RESOLVE initiative—a project jointly funded by Bloomberg Philanthropies, the Chan Zuckerberg Initiative and the Bill and Melinda Gates Foundation—will tackle heart disease by investing in three proven strategies, two of which take on poor diet directly: reducing sodium intake and eliminating artificial trans fats. By aggressively investing in creating, implementing and enforcing policies to achieve these goals, this effort could prevent 100 million deaths worldwide from heart disease and stroke.

Lack of physical activity
Combined with poor diet, lack of physical activity can increase the risk for developing NCDs. In 2010, 23% of adults aged 18 years and over were insufficiently physically active (‘2014 Global Status Report on Noncommunicable Diseases,’ World Health Organization, xiii). Fortunately, regular physical activity reduces the risk of NCDs like ischemic heart disease, stroke, diabetes and breast and colon cancer (‘2014 Global Status Report on Noncommunicable Diseases,’ World Health Organization, 33).

Policies that make streets friendlier for pedestrians and cyclists help encourage people to be more active. Cities like Dhaka and Fortaleza are working to make walking and bicycling easier and safer. Boston is enhancing its existing Safe Routes to Schools program to promote student pedestrian safety and increase walking. Guadalajara is working with businesses to repurpose parking spaces to accommodate cycle lanes and bicycle parking. And Melbourne plans to develop an employer-based incentive program through a repurposed mobile application platform to increase daily physical activity among employees.

Conclusion
For the first time in history, more people are dying from NCDs like heart disease and cancer than from communicable diseases like malaria and polio. We commend the progress and the hard work done to reduce infectious disease deaths—and support continued success in this area—but we must also turn immediately to the public health crisis directly in front of us. We know how to prevent deaths from NCDs, and how to do so effectively—by attacking their shared root causes. We have examples to follow and success stories to learn from. We must now be proactive, relentless and aggressive in implementing the policy solutions that will reduce risks, save money and save lives.

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