

Non-communicable diseases

Challenging the myths to improve health at all ages

Key messages

- The global pattern of disease has shifted towards increased prevalence of non-communicable diseases (NCDs), with the greatest impact on low and middle-income countries. Rapid population ageing is part of the reason for this shift. Ageism and misconceptions about NCDs and older people are leading to avoidable death, disability and ill health.
- The UK Government has not tackled NCDs sufficiently in its approach to international development, despite the scale of the disease burden. Globally, only 2.3% of development assistance for health was spent on NCDs in 2023.
- Ill health in older age is not inevitable. Cost-effective interventions delivered across the life course can keep people healthier for longer, with huge social and economic benefits.
- The fourth UN High-Level Meeting on NCDs in 2025 is a crucial opportunity. Bold leadership from governments, including the UK, is needed to drive progress on adapting to ageing populations and the increasing burden of NCDs.

This policy briefing addresses myths around NCDs and ageing and sets out opportunities for where UK Government support can have the greatest impact. As a key player in global health and development, the UK has an important role to play in strengthening age and disability inclusive and gender responsive action on NCDs.

The rise of NCDs is happening alongside rapid population ageing, with the greatest impact on low and middle-income countries. It is often assumed that NCDs are diseases of the wealthy, are inevitable in older age, and are too expensive to tackle. These damaging

assumptions are leading to avoidable death, disability and ill health.

UK Government action on NCDs will strengthen its contribution to improving global health. It will demonstrate to the international community the UK's commitment to being a strong partner which is willing to share and learn from best practice around the world. The fourth UN High-Level Meeting on NCDs in September 2025 will be an important moment for the UK and the international community to set the next global agenda for responding to the increasing burden of NCDs.

NCDs as a priority for global health, international development and older people

NCDs or chronic illnesses are health conditions which are not passed from person to person, and usually require long-term treatment and care. The global pattern of disease is shifting towards NCDs, as the rate of infectious diseases decline, alongside a rapidly ageing global population.¹

The five main types of NCDs



Overall, life expectancy is not keeping pace with healthy life expectancy. This is leading to a greater proportion of people's lives spent in ill health or with a disability with NCDs as the cause. NCDs affect all age groups, yet older people face the greatest risk of ill health, disability and death from NCDs, while also having more complex needs. 51% of older people globally are estimated to have two or more long-term health conditions.²

NCDs can require significant care and support. If not delivered, this can result in people becoming unable to work, falling into poverty and no longer being able to participate in their community.

Most NCDs are preventable. They are driven by modifiable risk factors including tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution. If addressed and managed effectively, NCDs do not need to be the leading cause of death and disability worldwide. NCDs do not have to drive families further into poverty and disrupt economic productivity.

In his 2023 report, the Chief Medical Adviser to the UK Government stated: **"Ill health and disability in older age is not inevitable. There are many straightforward actions that individuals, the NHS [National Health Service] and the government can take to reduce risks of [NCDs] for future generations".⁶**

In an increasingly interconnected world, the same should apply in the UK's global approach to tackling NCDs as an international development priority.

By **2050, 80%** of older people will live in low- and middle-income countries³.

NCDs already contribute to **80%** of all years lived with a disability globally. **7 of the 10** leading causes of deaths in 2021 were NCDs.

Conditions that have particular risks in older age such as diabetes and dementia are **on the rise** in low and middle-income countries.⁴

The number of years lived with disability due to diabetes rose by **25.9%** between 2010 and 2021, increasing in every country.⁵

Global policy responses to tackling NCDs and promoting healthy ageing

The fourth UN High-Level Meeting (HLM) on NCDs will be held in September 2025. HLMs play an important role in galvanising international support for action on NCDs. While strong policy commitments have been made at previous HLMs, the global and domestic funds needed to pay for these have not been effectively mobilised. In comparison, the first HLMs on HIV/AIDS saw large swings in political and financial commitment.⁷

This absence of political will and underfinancing is in part due to a lack of awareness and common misconceptions around ageing and NCDs. This is leading to avoidable death, disability and increasing numbers of older people living in poor health. Most low and middle-income countries are off track to meet two major targets:

- the World Health Organisation (WHO) NCD target which will expire in 2025⁸, and
- the Sustainable Development Goals (SDG) target 3.4 on NCDs and mental health which should be achieved by 2030.⁹

The UK Government must drive forward strong political commitment at the UN HLM on NCDs in 2025. The cost of NCDs to individuals, families, and economies is far greater than the investment required.

2025 will also mark the halfway point in the UN Decade of Healthy Ageing (2021-2030). The Decade aims to:

- change how we think, feel, and act towards ageing;
- cultivate age-friendly environments;
- create integrated and responsive health care systems and services;
- and ensure access to long-term care for older people who need it.

This promotion of healthy ageing is particularly relevant to tackling NCDs. It enables older people to do what is important to them by maintaining intrinsic capacity and functional ability.

Healthy, active older people provide significant social and economic benefits, for example by providing childcare and by participating directly in the formal and informal workforce. As governments adapt to ageing populations, the World Bank recommends country-specific investment, with strong support from development partners and the private sector. This should focus on life course measures to prevent and manage NCDs, with complementary reforms of labour markets, pensions, and long-term care.¹⁰ Yet despite the clear evidence of rapidly ageing populations, countries are at different states of preparedness to promote more years of healthy life.

Gender, ageing and NCDs

Older women have an increased risk of certain NCDs, including heart disease, cervical and breast cancer, and risks and complications related to menopause and post-menopause. Women are also disproportionately affected by Alzheimer's Disease and other dementias. NCDs are the leading causes of death and disability among women globally. Furthermore, women of all ages – including older women – are also the main providers of health and social care for people living with NCDs and other health conditions, both formally and informally.

Interventions for NCDs must be gender-sensitive, as older women globally face distinct barriers on top of these caregiving responsibilities. These barriers include lack of financial independence, lower literacy and reduced access to healthcare. Social protection, education, outreach programmes and adequate data collection across the life course can improve health outcomes for older women in low and middle-income countries.

Myth busting around ageing and NCDs

So what are the myths which are commonly heard regarding NCDs?

MYTH 1: “NCDs are diseases of the wealthy”

77% of all deaths from NCDs are in low and middle-income countries.¹¹ The impact of NCDs is not felt equally and they are both a cause and a consequence of poverty.

Even so, the proportion of the UK Government’s Official Development Assistance (ODA) spent on tackling NCDs has not kept pace with the increasing burden on the most marginalised population groups. Globally, only 2.3% of development assistance for health was spent on NCDs in 2023.¹² Most funding is categorised by health sector or issue, making it difficult to disaggregate spending for older people. However, historically, international donors have prioritised areas such as child health and infectious diseases over ageing populations.

NCDs are influenced by social, economic, environmental and commercial determinants of health which shape the conditions in which we are born, grow, live, work and age. These intersect with factors such as gender and ethnicity, which put certain groups at greater

risk. In areas with weakened health systems and poor social security, those living with NCDs struggle to get treatment. The loss of income during periods of illness can be devastating for individuals and families.

Globally, the risk of poverty increases with age. Accumulated and intersecting inequalities, across a person’s life, such as gender and disability, are often exacerbated in older age. More than half of the global population is not covered by free, essential health services.¹³ This, combined with increased exposure to the risk factors of NCDs in lower income settings, such as poor diet and air pollution, means that communities struggle to deal with the increased burden of NCDs as their populations age. Older people in low and middle-income countries may also experience a ‘double burden of disease’. Care and support may be needed for both NCDs and infectious disease such as tuberculosis and HIV/AIDS and this is an even greater driver of poverty.



Daw Ae Phan, 70, is a member of an Older People’s Association (OPA) in Myanmar. At the OPA she has received medicine and health check-ups, as well as financial support.

“I have numbness in my lower limbs, hypertension and neck pain. I feel satisfied when I have food, but when I am feeling ill, I don’t even want to eat. But I still prepare dinner for my whole family.”

MYTH 2: “Prevention has an upper age limit”

While it is never too early to start prevention of NCDs, it is also never too late.

A life course approach which considers risks throughout a person’s life should be adopted. In older age, NCDs can be prevented and managed with significant positive impact on the lives of older people and their families. A life course approach considers the needs of all age groups, including accumulated inequalities relating to gender and disability. It is the most effective way to keep people healthier for longer. Health outcomes at any age can be influenced significantly by healthy behaviours, lifestyle choices, and access to health services.

Global health funding has focused more on infectious disease and disease eradication as opposed to NCD prevention and management. Public Health England guidance on prevention and a life course approach to health argues that a more holistic approach to investment is required.¹⁴ This allows more focus to be placed on health system strengthening and primary

health care in the community. This would prevent health risks and reduce their cumulative effect throughout life and across generations, and mitigate the economic burden of health care costs. The same approach must be applied in the UK Government’s approach to global health. The UK Government must take account of the shifting pattern of disease in low and middle-income countries as populations age rapidly.

Older people face the greatest risk from NCDs. Despite this, they are often excluded from official statistics on NCDs at local, national and global levels and are rendered invisible through a lack of age, sex and disability disaggregated data. The WHO NCD Global Monitoring Framework uses an age-bracketed indicator on unconditional probability of dying from the four main NCDs, limited to ages 30-70.¹⁵ This focus on ‘premature mortality’ is discriminatory and can feed ageist assumptions that older lives have less value.

Climate change, ageing and NCDs

The climate crisis, the growing burden of NCDs and global population ageing are intrinsically linked. Heat waves, drought and floods have disproportionate impacts on the health outcomes of older people and increase the risk factors for NCDs.²² Air pollution, which is closely linked to climate change, also has particularly negative effects on the health of older people.

Climate change is undermining many of the social determinants for good health, such as decent livelihoods, equality, access to health care and social support structures. These climate-sensitive health risks are disproportionately felt by the most marginalised, including older people, and those with underlying health conditions.

Climate-resilient health systems are crucial to helping older people cope with extreme weather and the burden of NCDs. More work is needed to ensure that healthcare facilities and services are adapted to threats from climate change.

MYTH 3: “NCD interventions aren’t cost-effective”

Globally, the underfinancing of NCDs is due in part to lack of political will and the misconception that they are too expensive to tackle and are a bad investment.

The UK Government’s International Development White Paper published in 2023 made no reference to NCDs. This was despite the disproportionate impact of NCDs on the poorest communities in low and middle-income countries. The Global Fund to Fight AIDS, Tuberculosis and Malaria and GAVI (the Global Alliance for Vaccines and Immunization) are leading recipients of UK ODA. But their primary beneficiaries are younger populations. Furthermore, they are not currently well designed to support health system strengthening, nor do they have a clear remit to address the increase in NCDs.¹⁶

World Bank analysis estimates that investing in a minimal “starter” package of NCD interventions, could contribute to avoidance of at least 150 million deaths across all low and middle-income countries by 2050. This includes those among older people, and would mean 8 million avoidable deaths in 2050 alone. They estimate the economic value of this avoidable mortality at over US\$3.2 trillion in 2050.¹⁷

Some of the most beneficial NCD prevention interventions for those in later life include exercise, a healthy diet, and early screening. Older people’s health must be viewed as an investment rather than a cost, as a healthy ageing population will have huge long-term social and economic benefits.

Gafur, 97, India, planted a garden with support from local organisation GRAVIS, to provide healthy food for his community across generations.

“My health got much better. Now everyone nearby knows me. Eating and drinking are all quite good now because of me. I feed the family with good produce. It’s all quite good.”



Four cost-effective interventions the UK should prioritise to reduce the burden of NCDs on older people

1: Primary health care and community-based approaches

Promote better NCD preventative care at the primary health care level to help delay the onset of chronic disease and reduce mortality rates. Health systems must be made accessible and appropriate for older people, with:

- age friendly infrastructure,
- assistive products,
- information and awareness,
- designated spaces for older people,
- and mobile approaches to delivering health care.

Primary health care is an integral part of strengthening health systems to advance towards universal health coverage (UHC).¹⁸ It delivers better access and more equity, responds to and engages communities, and empowers people to take charge of their own health, including older people. It is also more efficient, moving care into lower-cost settings and facilitates multisectoral action on the broader determinants of health.

2: Older People's Associations

Implement community-based approaches such as Older People's Associations (OPAs) or Intergenerational Self-Help Clubs, which are examples of an intervention which can have multiple benefits. Programmes addressing the prevention and management of NCDs for older people should be holistic and integrated, with a focus on:

- facilitating access to care and support services,
- advocating for and improving physical activity,
- combating ageism in societies,
- and addressing mental health challenges such as bereavement, social isolation and financial stress.

Promoting exercise, healthy diet, and self-management of health is critical for prevention of NCDs and to maintain the functional capacity of older people.

Scaling Up NCD Interventions

The journey towards Universal Health Coverage requires strong evidence-based policy and programming. Scaling-Up NCD Interventions in South East Asia (SUNI-SEA) was an EU funded, evidence-based programme that Age International supported. Through enhancing public health care and community health services, it informs governments how to scale up strategies to tackle NCDs. It does this by focusing on primary healthcare facilities, involving communities, linking NCD prevention to socioeconomic development, and introducing integrated financing. The programme provides compelling evidence on the most successful ways to implement and scale-up effective NCD interventions with the role of the community emerging as key.

Read more about SUNI-SEA at www.suni-sea.org.

3: Training health workers

Build the skills and experience of health and care workers to respond to the health care and support needs of older people living with NCDs. When health workers and volunteers are empowered with knowledge about older people's health, they respond to older people's needs in a highly effective way. The WHO's Integrated Care for Older People (ICOPE) resource provides recommendations to the health workforce for preventing, slowing, or reversing declines in the mental, or physical, intrinsic capacities of older people.¹⁹



Agnes, 61, is the secretary of an Older People's Association (OPA) in Kenya. The OPA was supported by the Better Health for Older People in Africa (BHOPA) project. At the OPA she attended classes where she learned how to manage her high blood pressure and diabetes.

"I was in very bad shape. I visited the hospital and was recommended to use a wheelchair. I had high blood pressure and was diabetic. But from the health training, we were taught the kind of foods to cut down on eating. I have improved. I can jump a little and sing."

4: Stronger social protection systems

Integrate NCDs within UHC frameworks and improve cooperation of health and care systems with social protection provision. Cash transfers, vouchers, and mutual health insurance are effective tools in supporting older people to access the healthcare they need. Stronger social protection systems will address the social and economic determinants of health which increase risk factors for NCDs. They will also build the resilience of older people to withstand shocks and crises. The UK Government should promote the adoption of health insurance schemes that are universal and include NCD services and medicines. They should improve the supply of essential medicines and equipment for the management and treatment of NCDs. This will ensure older people can manage their conditions and reduce the burden on household finances.

Why 2025 is an important year for action on NCDs

The UK Government's Global Health Framework published in 2023 recognised the need to plan for ageing populations, and for health systems to respond to the growing burden of NCDs.²⁰ As the UK Government sets its international development priorities, it has an opportunity to renew commitments to integrating NCDs within broader health system strengthening work and focus on promoting resilience through its international development strategy.

The world needs bold leadership to drive progress on NCDs ahead of the fourth UN HLM on NCDs in September 2025. Action must address the social, economic, environmental and commercial determinants of health which increase the burden of NCDs on the most marginalised, while meeting the needs and upholding the rights of those living with NCDs across the life course.

NCDs in humanitarian settings

In humanitarian emergencies, older people often find themselves systemically excluded. Health systems and services that were previously provided may be undermined or completely destroyed due to conflict, displacement or climate-related disaster. Older people living with chronic diseases rely on access to goods and services to manage their conditions, including medicines, foods and assistive products, without which the risk of life-threatening complications can increase. The impact of emergencies and disruption in care also has a profound impact on people's mental health, and psychosocial wellbeing, further exacerbating existing conditions.

Humanitarian responses should ensure that older people receive age-appropriate medical care, including treatment for chronic illnesses, mental health support, and assistive products, along with tailored social services that protect their dignity and wellbeing. Local actors who are on the frontline of conflict and climate-related crises are often the primary responders in meeting health needs, so they must be equipped and empowered to protect older people in their communities.



We are calling on the UK Government to:

- Use the 2025 UN High-Level Meeting on NCDs to recognise and respond to the disproportionate impact of NCDs on older people, taking the lead to ensure that a life course approach to inclusion and equity is embedded within the Political Declaration.
- Allocate specific funding to NCDs as part of the UK's global health and health system strengthening objectives. Match financing to the scale of the disease and disability burden, with a focus on those who are most marginalised.
- Drive implementation of cost-effective interventions and evidence-based NCD policies to achieve progress on health and well-being for people of all ages, including older people. Ensure that NCDs are mainstreamed into progress toward UHC which is fit for an ageing world.
- Ensure the meaningful involvement of civil society and local actors in the design and delivery of its health programmes in low and middle-income countries. Make older people with lived experience of NCDs, and Older People's Associations, central to this.
- Advocate for the removal of discriminatory upper age caps in global NCD target setting as part of the 2025 HLM negotiations. Adopt a more rights-based indicator, such as Age-Standardised Years of Life Lost, which avoids the arbitrary cut off at 70 years old.²¹
- Take the lead on strengthening the collection, analysis, reporting and use of age, sex and disability disaggregated data for people of all ages, to inform equity-based responses.



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Age International is a charity which responds to the needs and promotes the rights of older people, focused on those facing challenging situations in low and middle-income countries.

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