

Using covid-19 recovery plans to tackle the root causes of noncommunicable diseases

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Covid 19 is devastating because of pre-existing health, gender and economic conditions.

Most deaths from the virus are the result of co-morbidity with pre-existing health conditions. While in developed economies the top three non-communicable disease (NCD) conditions exist mainly in the elderly, in developing economies these exist throughout the population. The WHO notes that *'poverty is closely linked with NCDs'*. Pre-Covid 19, the rapid rise in NCDs was a cause for alarm, impeding poverty reduction and increasing gender inequality by causing premature death, mostly for women and children, increasing health care costs, and reducing income opportunities. In a world with Covid 19, this effect will be significantly multiplied.

NCDs have a number of root causes, not least of which is cooking with polluting fuels. The enduring problem of biomass-based cooking on inefficient stoves in closed environments burdens women and children in particular with NCDs. See box.

The problem is further exacerbated by the lack of health infrastructure. Developed economies have responded to Covid 19 through social distancing to slow the spread of the virus. This 'flattens the curve', so strong health services in developed economies are not overwhelmed by a peak of people needing intensive care all at once. This strategy is unlikely to work in low income economies as the ratio of viable intensive health services to population is already so low that even a flattened curve will still be overwhelming.

The picture is grim. A large population with NCDs, experiencing large numbers of people requiring intensive health care, in a system that barely has basic equipment, let alone ventilators and PPE for all staff. A high proportion of health care staff are also likely to have underlying NCDs and as the professional cadre gets thinned the situation will get worse. We will see a spiral of decline with significant impact on the people and economy of the country.

Beyond the health effects are the economic effects. Developed economies have been able to prop up their economies with strategies such as paying the salary of workers in the private sector, enhancing unemployment benefits, and taking on the debt of large companies. These approaches are not sustainable – a bandage on the wound while the patient gets to hospital. Governments in developed economies do not have the resources for such approaches, and the effect will be devastating on low income households with no personal reserves.

NCDs and household air pollution

Each year 15 million people die from a noncommunicable disease (NCDs) between the ages of 30 and 69 years; over 85% of these 'premature' deaths occur in low- and middle-income countries.¹

Around 3 billion people cook using polluting open fires or simple stoves fuelled by kerosene, biomass (wood, animal dung and crop waste), and coal.

Each year, close to 4 million people, mostly women and children, die prematurely from illness attributable to household air pollution from inefficient cooking practices using polluting stoves paired with solid fuels and kerosene.² Household air pollution causes NCDs including stroke, ischaemic heart disease, chronic obstructive pulmonary disease (COPD) and lung cancer.

1: WHO (2018), Noncommunicable diseases. [Online] Accessed April 2020. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

2: WHO (2018) Household air pollution and health. [Online]. Accessed April 2020. <https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health>

Sustainable Development Goals

Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.

Sustainable Development Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all.

Sustainable Development Goal 5: Achieve gender equality and empower all women and girls.

Sustainable Development Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Recovery from this impact on low income economies will require new strategies and agile approaches

Tackle the root causes of NCDs. By enhancing the commitment to clean cooking, societies will, over time, reduce the incidence of NCDs, particularly respiratory problems in women and children.

Finance ministers need to think of budgeting ‘outside the box’.

Tackling NCDs and dealing with the root causes will not just be a case of increasing the health budget per se. By investing in production and deployment of clean cooking, employment and entrepreneurship opportunities are created. NCDs are reduced and inclusive economies are enhanced. A minister once said to us ‘love is where the budget is’.³

Integrate health and energy planning. The use of modern energy cooking reduces indoor air pollution. Urban centres where social distancing is struggling to contain the virus is in most LMICs already connected to national and local energy infrastructure. Recent research has shown that energy efficient electrical appliances can cook meals for less than the cost of air polluting fuels and save women’s time. LPG distribution and refilling is more easily implemented in urban centres.

Green growth will also tackle NCDs. The economies of LMICs will take more than a decade to recover. If the financial crisis of 2008 illustrated anything, it was that a long term strategy is needed for true recovery. There are already calls for post virus economic recovery to be based on Low carbon approaches and inclusive green growth to address the climate change crisis. Such approaches would also enhance the reduction of NCDs by reducing air pollution through using renewable energy technologies.

Decentralised energy generation. Energy systems are undergoing change. There is the dual effect of greater connectivity which allows the sharing of energy across borders and decentralised generation which utilises renewable energy technology. The old paradigm was central generation controlled by a large company, distributed to consumers. New systems are emerging where consumers, both women and men, become prosumers – producers of localised energy who sell to their neighbours and into grid systems.

Local voices, local responses. Alongside decentralised energy generation, LMICs are also aware of the need for enhanced local inclusive governance. People in poverty have resilience mechanisms that could be strengthened in a recovery plan. In contrast to the resource intensive response of developed economies to work through large companies and institutions, developing economies will need a strategy that picks up on local resilience and enhances it. To do this there must be an emphasis on enhancing the awareness and voice of the poor, women and other vulnerable groups.

We call on those driving the recovery plans to include these actions to tackle a significant root cause of NCDs.

The views expressed in this piece are the opinions of the authors and do not necessarily reflect the official policy or position of the organisations represented.

3: <https://www.mecs.org.uk/uncategorized/love-is-where-the-budget-is/>

Recovery plans need smart, agile budgets that consider longer-term effects by encouraging inter-ministerial cooperation.

Recovery plans need to restructure budgets so that money used to fight Covid 19 includes prevention of NCDs.

Recovery plans are an opportunity to integrate energy and urban planning to tackle health concerns created by air pollution.

Recovery plans based on inclusive green growth can create a better world with fewer NCDs.

Recovery plans that enhance this decentralised generation (particularly off-grid responses) can create communities with clean cooking.

Recovery plans need to have inclusive local action plans, entrepreneurship programmes, and engage local authorities and civil society organisations.

