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1. Introduction

Global functions for health transcend national sovereignty and promote health on the global scale. Infectious diseases are widely accepted as public threats capable of spreading to any country, so the provision of global functions targeting infectious diseases has been both rational and robust.

By contrast, noncommunicable diseases (NCDs) have not been as widely accepted as public or global. Consequently, investments have been mostly focused on individual domestic responses rather than shared, global strategies.

We reviewed the literature to reframe noncommunicable diseases as shared health threats in order to justify the provision of global functions for NCDs as a core donor response.

2. Global susceptibility and risk

NCDs are not just the products of choice or chance; instead, they are the products of complex societal and biological structures that are shared among humans worldwide and limit peoples' ability to avoid the major NCD risks. There are four main groups of factors that increase global susceptibility and risk to NCDs:

- **Social factors:** social contagion and social disadvantage are major contributors to NCD risks. The evidence has shown how NCDs cluster within social networks, and social disadvantage is well-described by the social determinants of health literature.
- **Biological factors:** evolutionarily adaptive behaviors of stress and self-preservation leave people vulnerable to modifiable risks like unhealthy food and tobacco consumption. Neurocognitive susceptibility can undermine the ability to make good choices, especially in the developing brain.
- **Commercial factors:** corporate reach continues to expand, and commercial interests are often in tension with the public health interest. The ubiquity of corporate influence surrounding key NCD risks like processed foods, tobacco, alcohol, and fossil fuels is a globalized risk.
- **Physical environments:** the physical environments in which humans live and work influences NCD incidence. Urbanization is one global trend that could pose greater NCD risks if not properly managed.

These factors are global, either because they are intrinsic to humans or human societies, or because globalization extends their reach. The consequence is a globally shared mix of NCD susceptibility and risk that requires global-scale action in the form of global functions for health.

3. The rationale for global functions

NCDs are a consequence of global susceptibility and multiplying risk factor exposure. An effective NCD response requires a full range of tools including global functions, which are strategies that transcend national sovereignty to solve global problems through:

- Managing **cross-border externalities** that increase NCD risk exposure. Examples include influences from abroad, such as fast food chains or trans-border health impacts from pollution.
- Providing **global public goods**, such as research and development, sharing best practices for managing private-sector care delivery or pro-poor integrated care models, or scaling-up access to essential medicines.
- Providing **global leadership and governance** to promote policies that reduce NCDs in the face of powerful vested interests, and to provide advocacy to champion the response.

4. Opportunities for global functions

Only a fifth of global health assistance is given to global functions, and it is likely mostly for infectious diseases. We identified three key opportunities to provide global functions for NCDs:

- **Global health law and governance:** provides the rules, standards, and guidance for how countries can respond to global-scale NCD risks, like tobacco, sugar-sweetened beverages, alcohol, or other processed foods. Additionally, global functions can reduce in-country health policy barriers, for example in achieving UHC.
- **Global public goods for shared needs:** globally shared needs, like access to medicines or production of knowledge to prevent or mitigate NCDs, are everybody's business yet fail to be efficiently produced by the global marketplace. Donors can resource shared NCD needs.
- **Championing a global response:** likely due to inadequate financing and limited sphere of influence, NCD actors have not garnered enough actor power to fully meet the leadership and advocacy need. Strong issue championship and actor power are well-demonstrated enablers for an effective health response.

5. Conclusion

The main response to NCDs must take place downstream at the country level, but global functions represent relatively smaller, upstream investments that donors can provide to all countries while still allowing countries autonomy to set their own health priorities. What global functions are still needed, at what cost, and to what benefit will need to be better clarified in the future. However, there is little doubt that NCDs exist within a global commons and would therefore benefit from more global-scale action in the form of global functions for health.

Rationalizing the case for global functions for noncommunicable diseases

Globalized determinants of noncommunicable diseases include social factors like social networks or inequities, neurocognitive and behavioral factors, commercial factors that make unhealthy commodities widely available, and physical environments that promote sedentarism. These factors create or reflect human global interdependence, which further justifies the provision of global-scale action—global functions—to address such problems of the global commons.

