

25×25 strategy for the burden of non-communicable diseases

We congratulate Neil Pearce and colleagues on their Comment about the 25×25 strategy.¹ This strategy is a global target of a 25% relative reduction in mortality from non-communicable diseases by the year 2025. Global policy should be updated to show the current and future global health scenario with inclusion of non-communicable diseases that reach beyond the traditional top broad-cause groups (ie, cardiovascular disease, stroke, chronic lung diseases, cancer, and diabetes), and which also take into account non-fatal burden.

More than anywhere, this issue is crucial for low-income and middle-income countries where in the recent Global Burden of Disease study, 2010,² in terms of broad-cause non-communicable disease groups, mental and behavioural disorders and musculoskeletal disease rank in the top four groups (table). In the case of musculoskeletal diseases, of all

291 conditions, three of the top ten disorders in developing countries, in terms of both burden and disability, were musculoskeletal disorders. Good musculoskeletal health and mobility is fundamental for the prevention of other non-communicable diseases and essential for independent and productive lives at all ages. Musculoskeletal problems are common comorbidities with other non-communicable diseases, and this combination further reduces function, and impedes efforts to prevent further damage (eg, efforts such as increased physical activity).^{3,4}

Many opportunities exist for global health policy and programmes to include and address the burden of non-communicable diseases beyond the traditional broad-cause groups. Research is needed on how to best deal with all non-communicable diseases in a way that addresses the broader determinants, adheres to principles of development effectiveness,⁵ and explores and promotes collaboration and integration with work that is already being done on the traditional

top broad-cause non-communicable disease groups and health systems generally. We are at a crucial point in time when the burden from musculoskeletal diseases and other non-communicable diseases can be mitigated, but urgent action is needed. Pearce and colleagues¹ make important and sensible recommendations for this through inclusion in strategies such as the 25×25 strategy.

We declare no competing interests.

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- 1 Pearce N, Ebrahim S, McKee M, et al. The road to 25×25: how can the five-target strategy reach its goal? *Lancet Glob Health* 2014; 2: e126–28.
- 2 Murray CJ, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380: 2197–223.
- 3 Centers for Disease Control and Prevention. Arthritis—data and statistics—comorbidities. March 3, 2014. http://www.cdc.gov/arthritis/data_statistics/comorbidities.htm (accessed March 3, 2014).
- 4 Loza E, Jover JA, Rodriguez L, Carmona L, Group ES. Multimorbidity: prevalence, effect on quality of life and daily functioning, and variation of this effect when one condition is a rheumatic disease. *Semin Arthritis Rheum* 2009; 38: 312–19.
- 5 High Level Forum on Aid Effectiveness. Busan partnership for effective development co-operation; Busan, Republic of Korea; Nov 29–Dec 1, 2011.

	Burden (million DALYs)
Cardiovascular and circulatory diseases	214
Mental and behavioural disorders	141
Cancers	130
Musculoskeletal diseases	119
Chronic respiratory diseases	101
Diabetes, urogenital, blood, and endocrine diseases	99
Neurological disorders	57
Digestive disorders (except cirrhosis)	27
Cirrhosis of the liver	25
Other NCDs broad-cause group	107
Total	1020

NCD=non-communicable disease. DALY=disability-adjusted life years.

Table: Burden from NCDs in low-income and middle-income countries, Global Burden of Disease, 2010²