The NCD Alliance

Putting non-communicable diseases on the global agenda

NCD Alliance Response to WHO Synthesis Report on Health in Post-2015, 19 February 2013

The NCD Alliance commends the organisers of the global thematic consultation on health in the post-2015 agenda for the production of this draft synthesis report.

The draft report recognises that health is a beneficiary of development, a contributor to development, and a key indicator to measure the achievement of people-centred, rights-based, and equitable development goals. It addresses **non-communicable diseases (NCDs) as an emerging health priority for the post-2015 agenda** and places a greater emphasis on public health, health promotion, behaviour change, and disease prevention. The report confirms that the post-2015 framework needs to ensure that people, not diseases, are the priority in global health.

The draft report incorporates much of the broad health language and specific points on NCDs proposed by the NCD Alliance in our submission to WHO on health and NCDs in the post-2015 framework. NCDs are recognised as a current and future development challenge, citing the political mandate – including the UN Political Declaration on NCDs (2011) and the outcomes of the UN Conference on Sustainable Development (Rio+20) – and current epidemiological data, as support for inclusion in the future framework. In addition, the report recognises that the post-2015 development agenda should be coherent with and support existing commitments and targets, including the recently agreed global monitoring framework for NCDs, and references "25% relative reduction in NCD mortality by 2025" as a possible "MDG-like goal" for post-2015.

The NCD Alliance makes the following key recommendations to strengthen the draft:

- We welcome the inclusion of NCDs as an emerging health priority for post-2015 in the report. However we recommend that the linkages between NCDs, poverty and development are strengthened in pages 12-15, including through evidence and examples;
- The report presents a compelling case for how health links with and supports human development. However it currently does not reinforce the linkages and synergies between health issues (including NCDs, infectious diseases and maternal and newborn child health) and the opportunities this provides for an integrated, rather than vertical, response to global health in post-2015;
- Greater recognition that an ageing society, alongside improving health care, has important implications for health in post-2015. This demands a stronger focus on disability (of which NCDs cause 54% of disability-adjusted life years worldwide); and the transformation of health systems to respond to people with multiple morbidities and the provision of person-centred prevention, acute and chronic health care;
- Greater emphasise is needed on a life-course approach to health in post-development, that drives action on early childhood exposures and healthy ageing;
- To reinforce health as a global concern for all countries, we support an overarching health goal of maximising healthy life expectancy. This goal must encompass mortality, morbidity and disability; facilitate action on the social determinants of health; and include disaggregated data to address equity dimensions;
- The proposal for Universal Health Coverage (UHC) as an enabler or a means to achieving the healthy life expectancy goal is supported. As the report states, UHC should be defined in broad terms to include access to health services, ranging from prevention, promotion, treatment and rehabilitation;
- The overarching health goal should be underpinned and supported by a set of disease and health-sector specific goals/targets, including the time-bound "25% relative reduction in NCD mortality";
- In addition to recommending health goals and targets, the report should provide concrete recommendations for health-specific indicators to be integrated across other dimensions in the post-2015 development agenda (including economic and environmental), to ensure a multisectoral response to health and NCDs.

Please see table overleaf for NCD Alliance detailed comments and recommendations on the synthesis report.

The NCD Alliance was founded by:

International Diabetes Federation · International Union Against Tuberculosis and Lung Disease – Health solutions for the poor · UICC – global cancer control · WORLD HEART FEDERATION

NCD Alliance Detailed Recommendations

#	Chapter	NCD Alliance Comments
3	**Lessons from the health MDGs**	**General Points** • We support the report's evaluation of the Millennium Development Goals (MDGs) from a health perspective. With three of the eight goals directly related to improving health outcomes (MDGs 4, 5 and 6), the MDGs are rightly credited as a major contributor to the global acceptance today of the centrality of health to human development. The three health-related goals have directly driven significant progress in global health over the last decade, and other goals including MDG 3 on gender equality and women's empowerment and MDG 2 on education have indirectly supported by creating the enabling environment for health. To safeguard progress made on the MDGs and to continue to drive sustainable and equitable development, the post-2015 development agenda must continue the health-related "unfinished business" of the MDGs (MDGs 4, 5, and 6), as well as taking into account the current and emerging global health priorities including NCDs. **Specific Comments** • **P8:** MDG 8E: Access to essential NCD medicines remains unacceptably low worldwide. Large disparities exist between high-income, middle-income, and low-income countries, and within countries, in access to medicines and technologies for NCDs and for infectious and acute diseases. Mean availability of essential medicines in 36 low- and middle-income countries (LMCs) was about 36% for NCDs versus 54% for acute diseases in the public sector, and 55% versus 66% in the private sector.[1] In 2007, the UN Secretary General established the MDG Gap Task Force to consolidate information about progress towards MDG 8. In each of its four annual reports of MDG 8 since 2008, the Task Force has noted the need for increased attention to access to medicines for NCDs.[2] In recognition of this, in November 2012 governments agreed a global target of 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities by 2025. • **P9:** Vertical nature of goals: Must include that the vertical nature of goals has contributed to a skewed distribution of Development Assistance for Health (DAH) and fragmented health systems in LMCs. For example, although NCDs account for 60% of the global burden of disease, they received just 0.8% of the USD 28.2 billion DAH in 2010.[3] As a result, health systems in many LMCs are still designed to respond to single episodes of care, and are ill equipped to manage changing disease patterns with a growing burden of NCDs and multimorbidity.
4	**How health is linked to development**	**General Points** • There is a lack of concrete examples to illustrate the linkages between NCDs and development in this chapter. NCDs are linked to and are affected by all aspects of human development, including poverty, equity, education, and other health priorities. The NCD Alliance provides some examples below for inclusion in this chapter. • Currently this chapter makes the case for the linkages between health and other post-2015 development themes. But it does not emphasise the linkages between health issues themselves, and the opportunities these synergies provide for accelerating development. For example, NCDs are strongly linked with infectious diseases and maternal health. HPV causes most cervical cancer; tobacco use increases the risk of TB; diabetes increases new cases of TB;[4] people living with HIV/AIDS often having high rates of NCDs;[5] poor maternal health and undernutrition increases the risk of NCDs in future generations; and certain NCDs (gestational diabetes), if undiagnosed, can be life-threatening maternal health issues.[6] **Specific Comments** • **P12:** Health impact on national economic output: Add that health affects national economic output because people with disease or disability are likely to be less productive at work, lose their job, and retire prematurely, decreasing household earnings and increasing the risks of poverty. An angle that is not addressed in the report is foregone national income. For example, the projected cumulative global loss of economic output due to NCDs for 2011-2030 is estimated at $47 trillion, with around $21.3 trillion (46%) in LMCs.[7] Few, if any, countries have the fiscal strength to meet the future health, economic and social burden that NCDs will impose, which raises concerns of economic stability, arrested development and government fragility – with implications for global security as

		well as foreign policy. In addition, NCDs are increasingly affecting people in their prime working years – almost half of all deaths caused by NCDs in LMCs occur in people younger than 60 years.[8] • **P13:** Inequalities: NCDs are an important gender equity issue as they are the leading cause of death in women in most countries. Prevention of NCDs promotes women's health, and the provision of care for NCDs increases opportunities and promotes empowerment for women and girls. • **P13:** Environmental sustainability: Approximately one quarter of all global death and disability is due to environmental factors.[9] NCD risk often stems from unsustainable environmental systems and practices, such as unplanned and rapid urbanization which can result in sedentary lifestyles and increased air pollution, and industrialised agriculture and food systems that contribute to greenhouse gas emissions and result in greater availability of processed foods that are high in fats, sugar and salt. • **P13:** Economic growth and employment: Currently the linkages between health and poverty eradication, particularly at the household level (MDG 1) are not sufficiently addressed. For example, healthcare costs are a financial risk for poor households. Out of pocket payments for NCD treatment and care (and for causes of chronic diseases such as tobacco and alcohol use) can trap poor households in cycles of catastrophic expenditure, impoverishment, and illness, particularly in LMCs that lack social and health insurance. This diminishes household earnings and hinders a family's ability to provide for and educate children.[10] • **P13:** Conflict and fragility: Health has implications for global security as well as foreign policy. The UN Secretary General's report on global health and foreign policy identifies NCDs among health-related challenges that must be addressed by foreign policy.[11] • **P14:** Food and nutrition security: The focus on the double burden of undernutrition and overweight and obesity should be strengthened. For the first time, more people are overweight than underweight. Around 2 billion of the 7 billion global population are overweight, and under one billion are undernourished.[12] 65% of the world's population lives in a country where overweight and obesity kills more people than underweight.[13] Action should be directed at ensuring universal access to "sustainable diets" – defined as diets with low environmental impacts which contribute to food and nutrition security and to healthy life for present and future generations. • **P14:** Education: Education is a determinant of health, with a critical role in improving health. Schools can encourage the early adoption of healthy lifestyles, including abstaining from tobacco use, promoting physical activity, avoiding alcohol, encouraging healthy dietary habits, safe sex practices. • **P14:** Health as a critical pathway to human rights and equality: Addressing stigma, discrimination and marginalisation is part of the social determinants agenda and will be critical for progress on the global NCD epidemic**.** NCDs weaken social cohesion through stigma and discrimination. Stigma promotes a culture of secrecy that can create a barrier to diagnosis, treatment, employment and marriage, and prevent people with NCDs from playing an active part in society.[14]
5	**Health priorities post-2015: opportunities and challenges**	**General Points** • We fully support the inclusion of NCDs as an emerging health priority in this chapter. As the Global Burden of Disease (GBD) study reveals, NCDs account for 34.5 million of the 52.8 million deaths in 2010 (65%).[15] With 23 million of these deaths (80%) occuring in the poorest countries, these diseases exact a heavy and growing toll on physical health, economic security and human development.[16] • The NCD epidemic also illustrates the need for a different approach to global health in post-2015. First, greater attention needs to be paid to disability, of which NCDs cause 54% of disability-adjusted life years worldwide.[17] Second, a life-course approach is required, addressing early childhood exposures, conventional risk factor prevention, and approaches that encourage healthy ageing. The life-course approach is currently neglected in the synthesis report. And third, a greater focus is needed on health literacy, education and patient empowerment, as many NCDs are chronic, lifelong conditions. • Currently this chapter does not emphasise that an ageing society, alongside improving health care, means that a significant health challenge in post-2015 will be people with multiple morbidities – "multimorbidity". Multimorbidity disproportionately affects the poorest. For example, around 9 million people in LMCs now benefit from antiretroviral treatment (ART) with remarkably improved survival, but with new comorbidities such as

		diabetes or cardiovascular disease.[18] Management of people with NCDs and multimorbidity requires health systems to be transformed to be able to deliver preventive, acute and chronic health care; resourced by a trained workforce and a reliable supply of quality-assured medicines and technologies; improved self-management and person-centred care; and regular monitoring and evaluations. **Specific Comments** • **P18:** The description of the global NCD epidemic could be strengthened, to reinforce both the magnitude of the epidemic – in terms of morbidity, mortality and distribution; and the impact these diseases have on poverty and development, particularly in LMCs. NCDs are the leading cause of death in LMCs, representing 29 million of the 36 million NCD deaths every year.[19] In absolute terms, deaths from NCDs in LMCs are projected to rise by over 50% by 2030, with the largest increase in Sub-Saharan Africa and South Asia.[20] At the country level, it is people of lower socioeconomic status, and those in poor and marginalised communities, who face greater exposure to the leading risk factors and are at higher risk of dying from NCDs than those in advantaged groups. • **P19:** *'Another major global transition is the shift from risks related to poverty to lifestyle risks: tobacco smoking, alcohol use, poor diet, over eating, and lack of exercise"*. In this section, the importance of the enabling environments is underplayed. For example, rather than "overeating", the report should emphasise that the global food system is deeply dysfunctional and does not meet the world's dietary needs. The global food system often works against, rather than facilitating healthier choices.[21] • **P19:** "*Tackling risk factors will also require actions beyond the health system, for example, road transport, ambient air pollution".* Add "indoor air pollution (tobacco smoke, solid fuel use for cooking, heating and light), *and agricultural and food policies"*. • **P19:** ***'**To reduce the growing burden of NCDs and their associated burden of premature mortality, disability, and health-care costs…'* Recommend changing 'premature' to 'preventable'. • **P20: '***On the other hand, ageing populations are associated with a shift in the patterns of disease away from infectious diseases towards non- communicable conditions such as cancer, heart disease'.* Recommend adding chronic respiratory disease, and diabetes.
6	**Health in the post-2015 development agenda: guiding principles, goals, indicators and targets**	**General Points** • We support an overarching health goal, articulated as reducing preventable morbidity and mortality by maximising healthy life expectancy. It is critical that this goal is framed to reinforce health as a global concern for all countries. It must encompass mortality, morbidity and disability, and facilitate action on the social determinants of health. Disaggregated data to address equity dimensions will be very important. • The proposal for Universal Health Coverage (UHC) as an enabler or a means to achieving the healthy life expectancy goal is supported. As the chapter states, UHC should be defined in broad terms to include access to health services (not health care services), ranging from prevention, promotion, treatment and rehabilitation. However as NCD prevention requires more than access to personal services, UHC alone will not sufficiently address NCDs in post-2015. It is therefore critical that health-sensitive indicators are included across other dimensions such as environmental and economic development. • To underpin the overarching health goal of maximising healthy life expectancy, there needs to be a selection of disease and health sector-specific targets. Since NCDs are a major contributor to ill health, the post-2015 development agenda should include measurable targets for prevention and control of NCDs that lead to the achievements of the global goal of a 25% reduction in relative mortality from NCDs by 2025. As articulated on page 24, the NCD targets and indicators under the health goal should explicitly link to the agreed global monitoring framework on the prevention and control of NCDs, to be adopted by the World Health Assembly in May 2013. **Specific Comments** • **P20:** In addition to the principles already specified, integrated health systems and the life course approach to health should also be included, as well as gender equity.
7	**Implementation: mutual accountability and shared responsibility**	**General Comments** • We support the recommendation that innovative, multisectoral partnerships are the cornerstone of action in future global health. Collaborative partnerships between the public sector, private sector and civil society with ethical safeguards in place can accelerate progress, drive innovative solutions with sustainable resourcing that go beyond the

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<tr><td></td><td></td><td>traditional donor-recipient paradigm, and promote mutual accountability and responsibility in achieving health-related goals.

Specific Points

• P31: ‘Some inputs suggest that WHO – as the only multilateral agency able to set norms, standards and surveillance for health – retain a stewardship role and provide strategic direction for multiple stakeholders with a robust framework for interaction.’ Undoubtedly the leadership and stewardship role of WHO in global health and health in post-2015 remains paramount. However it is also critical that WHO coordinates the entire UN system to contribute towards the achievement of good health, particularly the H4+ (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank); and support the UN Development Programme (UNDP) as the coordinating body for development issues across the UN system.</td></tr>
<tr><td>8</td><td>Framing the future agenda for health</td><td>General Comments

• We support the recommendation for health goals to be relevant for all people in all countries, and for the health goals to be politically aspirational as a force for change. However we are against using the term “hierarchy of goals”, as this could foster competition.

• Although chapter 6 clearly states that new health-related goals/targets need to underpin the overarching health goal of maximising healthy life expectancy, in this chapter there is no mention of NCD-specific goals or targets. Recommend adding in the proposal of 25% relative reduction in premature NCD morbidity and mortality, drawing from the recently agreed global monitoring framework for NCDs.

• In addition to recommending health goals and targets, this chapter must recommend health-specific indicators to be integrated across the other dimensions of the post-2015 development agenda. As chapter 4 states, health is an important indicator of human development. Drawing from a recent WHO expert meeting on health indicators for sustainable development, below are some examples that are relevant to health and NCDs[22]:

<table>
<tr><td>Social Development</td></tr>
<tr><td>Nutrition:
• Adequate access to protein supply
• Excessive adult saturated fat consumption
• Prevalence of stunting in children under five years
• Prevalence of obesity in children under five years and in adults</td></tr>
<tr><td>Environmental Development</td></tr>
<tr><td>• Proportion of urban population living in slums
• Burden of air pollution-related diseases and injuries
• Household access to modern, low-emissions heating and cooking technologies
• Safe, equitable, energy-efficient transport including opportunities for physical activity</td></tr>
<tr><td>Economic Development</td></tr>
<tr><td>• Percentage of household income spent on fuel and electricity
• Proportion of employed people living below $1 (PPP) per day due to medical expenses
• Proportion of unhealthy/healthy population below $1 (PPP) per day</td></tr>
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References

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[2] United Nations, Millennium Development Goal 8 - The Global Partnership for Development at a Critical Juncture: MDG Gap Task Force Report, New York, 2007-2010

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[19] World Health Organization, Global Status Report op. cit

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