

NCD Alliance Submission UN-NGLS Post-2015 Civil Society Consultation

SECTION 1: The narrative sections of the reports

[Post-2015 HLP report: Pages 1-12 and 21-28; SDSN report: Pages 1-25; Global Compact report: Pages 1-13 and 16-25; UNDG report "The Global Conversation Begins": Pages 1-52]

What do you agree with about the narrative sections and why?

HLP report

The NCD Alliance and our global network have been engaged throughout these post-2015 consultations. Our common objective has been to ensure a post-2015 framework with health at the centre, and goals and targets that fully account for the global burden of non-communicable diseases (NCDs) – namely cancer, cardiovascular disease, chronic respiratory diseases, and diabetes - their shared risk factors, drivers, and health system based solutions.

The NCD Alliance welcomes the focus on health and non-communicable diseases (NCDs) in the final report of the UN High-level Panel (HLP) on the post-2015 development agenda. Many of the recommendations made by the HLP report align with the NCD Alliance report, "Healthy Planet, Healthy People: The NCD Alliance Vision for Health and NCDs in the Post-2015 Development Agenda". The report recognises that health outcomes can only be achieved by ensuring equity in all three dimensions of sustainable development - social, economic and environmental - and through steady progress towards achieving universal health coverage (UHC). Health is acknowledged as a driver, an outcome, and a measurement of development. There is strong support for the retention of health as a priority for the post-2015 era, building on the progress made by the MDGs. The attention to NCDs as a health and development challenge for the post-2015 agenda is welcome.

Specifically, the strengths of the narrative of the HLP report are outlined below:

- Recommends a universal agenda that is relevant for all countries: As the NCD epidemic affects all countries, a universal agenda will encourage all countries to take action and accept responsibility.
- Sustainable development at the core: The HLP report outlines a "people-centred, planet-sensitive" development approach, integrating the social, economic, and environmental dimensions of sustainability. Health, NCDs and the major NCD risk factors are interlinked with all three dimensions of sustainable development, and are the product of unsustainable consumption and production.
- Emphasis on reaching the poorest and most vulnerable populations: The report advocates for a focus on "leaving no one behind", particularly addressing vulnerable groups such as women, children, indigenous populations, and people with disabilities. Many of these groups experience disproportionate exposure to NCD risk factors, prevalence of NCDs and poor health outcomes. There is significant attention to the barriers faced by people with disabilities and reaching those with impairments.
- Recognition of health as a key dimension of poverty and a contributor to development: Health and specifically access to quality healthcare, is recognised as a basic human entitlement and a wise investment for governments. The report recognises that good health outcomes can only be achieved by equitable sustainable development across the dimensions, and through steady progress in achieving universal health coverage (UHC).

- Emphasis on a data revolution: The emphasis placed on data for monitoring and evaluation is commendable. Such data and information is essential for monitoring progress against goals and targets, and will incentivise action. Particularly in the case of the global NCD epidemic, improvements in surveillance and monitoring of both the major NCDs and their risk factors will be critical for planning purposes and identifying what works. The commitment to disaggregate data should also be welcomed, as it highlights the importance of progress across every group (according to age, gender, income etc.).
- Role of civil society: The report recognises the crucial role civil society can play in a new global partnership for the post-2015 era, as implementers and drivers of development, particularly at the local level.

SDSN report

The SDSN report narrative is very strong on the interrelatedness of all development priorities, including health, and the need to address sustainable development in a holistic way in the post-2015 agenda. This is especially important from the NCD perspective, as the prevention and control of NCDs demands a multisectoral approach that cross-cuts all dimensions of development - economic, social, and environmental. The focus on overall human wellbeing, extending beyond economic production capacity, is also welcome.

Global Compact report

The role of the private sector in improving global health, including the prevention and control of NCDs, is important. The focus on health as a basic human need and capacity is a major strength of the narrative of the report, as is the recognition of business' ability to create enabling environments that allow people to live healthy, productive, prosperous lives. The emphasis on NCDs as a challenge and priority for sustainable development in the post-2015 era should be retained and emphasised by UN Global Compact members moving forward.

UNDG

The narrative appropriately captures the transparent, inclusive, and participatory nature of the consultations on the post-2015 agenda thus far. It includes references to the outcomes of the global thematic consultation on health, outcomes that we view as favorable to framing NCDs in the post-2015 context through its recognition as a development issue. The national consultations highlighted the rise of tobacco, alcohol, poor diets, obesity, lack of physical activity and that are increasingly common among the poorest populations. The specificity around the national consultations is also welcome now and going forward.

What do you disagree with about the narrative sections, and what do you propose instead?

HLP Report

Although the NCD Alliance recognises that the HLP report is a good start for health and NCDs, noting especially the recognition of palliative care, there are some notable weaknesses and omissions that need to be addressed:

- Health not recognised as a fundamental human right, only as a "basic need": Recognising it as a fundamental human right promotes the highest attainable standard for well-being.
- Weak definition of NCDs: Chronic respiratory disease is currently omitted in the narrative as a major NCD. The definition of NCDs needs strengthening to align with the World Health Organization (WHO) definition

of NCDs – namely cancer, cardiovascular disease, chronic respiratory disease and diabetes.

- NCDs are framed as an issue for high-income countries only: There are major issues with the way in which the report describes the global NCD epidemic. The report fails to recognise that NCDs are a universal issue with a universally agreed political agenda- the UN Political Declaration on NCD Prevention and Control (2011). No one country is immune from this global epidemic. Furthermore, trends indicate that NCDs disproportionately impact upon low- and middle-income countries (LMICs) and vulnerable populations. Therefore the narrative needs to move away from describing NCDs, and, in particular, obesity as a risk factor, as issues exclusively experienced by high-income countries. NCDs are currently the leading cause of death in LMICs, accounting for 29 million of the 36 million deaths every year globally. NCD death rates are projected to rise by over 50% by 2030, with sub-Saharan Africa expected to see the fastest increases. In fact, by 2030, the number of deaths due to NCDs in sub-Saharan Africa is projected to outnumber deaths from infectious diseases.
- Weak on prevention and omission of major NCD risk factors: The narrative for the health goal pays little attention to prevention, early diagnosis, health promotion, and the social determinants. On NCD risk factors, tobacco use – the most preventable cause of death - alcohol consumption, and physical inactivity are entirely omitted from the report. This is a huge oversight, particularly considering tobacco is the only health issue which is subject to an international health treaty – the WHO Framework Convention on Tobacco Control (WHO FCTC). Where risk factors are mentioned in the narrative – for example obesity – it is described as a high-income country issue. LMICs are seeing a rapid surge in the major NCD risk factors, including obesity which co-exists with other forms of malnutrition. An estimated 1.4 billion people worldwide are overweight, of whom 500 million are obese; the sub-regions with highest prevalence of obesity have been found to be Central and South America, North Africa and the Middle East, Northern America and Southern Africa (FAO, 2013).
- Mental health and neurological disorders overlooked: Mental health and neurological disorders are completely absent from the HLP report, despite being global health concerns and closely connected to the NCD epidemic – dementia, Alzheimer’s disease, depression, and stress.
- Demographic changes, including ageing, not fully reflected: The report does not adequately acknowledge the anticipated rapid demographic changes to occur in the post-2015 era, including ageing populations and an increasing number of youth. The narrative section should incorporate a life course approach to promote good health and healthy behaviours at all ages. Improved life expectancy and lower fertility mean that lower and middle income countries are experiencing a significant shift in population to an ageing society. The opportunities of ageing will be maximised by countries investing in the secure, active and healthy ageing of their populations. More attention needs to be paid to the role of older people for eradicating extreme poverty and achieving environmental sustainability. A sharper focus on the social protection floors approach, which will minimise the impact of poverty and inequality for people of all ages, is necessary.

SDSN Report

Enabling healthy lifestyles/choices are essential for NCD prevention, but more recognition must be paid to the four main NCDs, plus mental health, in order to give due attention to those already living with and affected by the diseases. For the global NCD response, the narrative should propose to drive progress on both prevention and treatment with a focus on improving health system responses.

Global Compact Report

UHC is a critical enabler to good health, but only one dimension of the needed multisectoral response to improving health and wellbeing and addressing NCD prevention and control. The narrative should have

outlined a stronger economic argument for how ill health affects labour productivity. In terms of NCDs, NCDs impede economic growth by impacting on labour productivity, resulting in foregone national income, and entrenching household poverty thus addressing NCDs and broader health issues will contribute to economic productivity and encourage more private sector investment.

SECTION 2: Proposed goals, targets and indicators in the reports

[Post-2015 HLP report: Pages 13-19 and Annexes I-III; SDSN report: Pages 26-27 and Annexes I-III; Global Compact report: Pages 13-15]

What do you agree with about the goals, targets and indicators and why?

HLP Report

The NCD Alliance welcomes the illustrative framework of 12 goals and 54 indicators for the post-2015 era. The particular strengths of the framework are identified below:

- A focused framework of goals and targets: The report proposes an illustrative framework, with 12 universal goals and 54 national targets. The framework is focused in number of goals, and the targets are quantitative and appropriately ambitious.
- Inclusion of a stand-alone health goal: The inclusion of a stand-alone health goal to “ensure healthy lives”, alongside other ambitious goals such as to “end poverty”, “empower women”, and “ensure food security and good nutrition” demonstrates recognition for the centrality of health to sustainable development. The MDGs were strong on health and it is important that this work continues as further progress is necessary. The overarching outcome-focused health goal reinforces health as a global concern for all countries, is ambitious, easily communicated, and will serve to generate public interest and political leadership in health. This goal avoids a disease-specific and siloed approach to health, and with disaggregation of data, would ensure progress across the life course. From an NCD perspective, promoting good health and healthy behaviours at all ages is critical. Health goals must be able to deliver healthy life expectancy and encompass responses to NCDs for people of all ages. .
- Target to reduce the burden of NCDs: Included within this suggested health goal is a target for countries to “reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases.” With this target, NCDs are placed alongside other priority health issues within the post-2015 framework. The target provides a welcome shift away from a focus on mortality to disability and morbidity, which are critical for NCDs. The NCD target should build upon the recently agreed global monitoring framework for NCDs, which includes a set of nine voluntary global targets and 25 indicators. These targets were established following scientific review of current trends and a critical assessment of feasibility based upon demonstrated country achievement.
- Opportunity for integrated approach to health: The inclusion of a NCD target side-by-side with a target on the existing health MDG priorities should be viewed as an opportunity. The linkages between these health issues, both as co-morbidities and co-benefit solutions, should be leveraged to accelerate progress on health in a holistic manner.
- Nutrition-specific targets under food security/nutrition goal: The inclusion of nutrition specific targets under the food security and good nutrition goal is welcome. Specifically we would like to highlight our support for the target on stunting, which has important implications for future risk of overweight and obesity. We are also confident that many of the targets in other areas are both health- and nutrition-sensitive, including on women and girls empowerment.

- Focus on gender equity: The HLP report integrates gender equity throughout the framework, plus there is a standalone goal on gender equality and women and girls' empowerment. This goal (along with others on poverty, education, and employment) will tackle the key social determinants of health and the NCD epidemic.

SDSN Report

The health goal proposed by the SDSN report, 'achieve health and wellbeing at all ages' encourages a life-course approach to health which is welcome. From an NCD perspective, promoting good health and healthy behaviours at all ages is critical. With a focus on UHC, it specifically calls on countries to promote policies that will reduce the risk factors that contribute to the rise of NCDs. This places an emphasis on prevention, the cornerstone of NCD control. The proposal of ambitious target of reducing deaths of people fewer than 70 years of age from non-communicable diseases (NCDs) by at least 30% compared with the level in 2015, demonstrates the importance placed on decreasing the burden of NCDs. Finally, outlining how the health goal fits under the four dimensions of sustainable development will ensure a health-in-all policies (HiAP) approach, and promote action on the social determinants of health.

Global Compact Report

The health targets introduced under the overarching health goal focuses on the prevention and control of NCDs. The target on affordable access to quality treatment and care for all will focus on quality and equitable access to services which remains a major challenge for NCDs. Access has proven to be a powerful political tool, mobilising the general public and galvanising political action. We welcome Goal 5 on good nutrition for all through sustainable food and agricultural systems which includes a target to halt increase of rates of obesity and of malnutrition since it is essential the two be tackled together.

What do you disagree with about the goals, targets and indicators, and what do you propose instead?

HLP Report

Below are the NCD Alliance's recommendations for improving the HLP proposed framework for post-2015:

- Indicators for the NCD target: Although the HLP report does not address indicators, the NCD Alliance recommends the indicators for the NCD target be drawn from the recently adopted global monitoring framework on NCDs. The main risk factors for NCDs must be included within the post-2015 framework as indicators (including tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity). If we are to ensure no one is left behind in the post-2015 era, we cannot afford to ignore these preventable risk factors and the affordable solutions – including the WHO FCTC.
- Include obesity/overweight target under nutrition goal: The absence of a target on obesity/overweight is a major shortcoming. Obesity and diet-related risk factors for NCDs are the leading contributors to the burden of disease in every region outside of sub-Saharan Africa and South Asia (GBD, 2010); even in these regions rates of overweight and obesity are on the rise (WHO, 2013). It would be entirely possible to integrate targets on obesity and childhood obesity as contained in existing WHO documents such as the Global Action Plan on NCDs (2013-2020) and the implementation plan for the Global Strategy on Maternal, Infant and Young Child Nutrition. The high-level consultation on food and nutrition security reached consensus on the need to address malnutrition in all its forms, including "imbalanced nutrition...due to excess energy consumption" (FAO, 2013b). This would ensure that the global response to malnutrition is coherent and systematic. As we strive to eradicate hunger and under-nutrition, it is

important that the solutions are mindful of the need to prevent the health burden associated with unhealthy diets. We see the post-2015 framework as an opportunity to bring together those working on malnutrition in all its forms, not just hunger. This will improve the prospects for improve food and nutrition security in the long term.

- Enablers for health: Overall the framework should provide guidance on the means to achieving the goals. For health, the means relate to both the health sector and the underlying social determinants of health. The two components of universal health coverage and access (UHC+A) – quality health services and financial risk protection – will strengthen health systems towards being proactive, preventative and able to provide integrated care across the life course. A complementary enabler on the social determinants will ensure coordination and coherence across and within a broad range of sectors to tackle the root causes of ill-health.
- Health-sensitive indicators: In order for the post-2015 framework to tackle the underlying social determinants of health, there needs to be health-sensitive indicators across all dimensions of the framework. Policies in sectors as diverse as agriculture, trade, intellectual property, education, taxation, transport and urban planning all contribute to the growing burden of NCDs and ill-health. Therefore health-sensitive indicators and a health-in-all policies approach in post-2015 are imperative. The need for health-sensitive indicators was emphasised at Rio+20 and there is a wealth of existing health-specific indicators to draw from.

SDSN Report

Even though the overarching health goal is ambitious and covers both health and wellbeing, it is not an easily communicated goal which will mobilise the international community to act upon. The emphasis placed on universal health coverage does not adequately address the measurements of health outcomes. UHC is only an indirect indicator of health status and will not in itself deliver higher health status. Action on a much broader front is needed, beyond the health sector. From an NCD perspective, there is a strong focus on prevention and not on treatment and/or access to services. There needs to be balance between prevention and treatment to drive progress on the burden of NCDs. The post-2015 development framework should include indicators that will reorient health systems from solely focusing on acute care to longer-term prevention.

Global Compact Report

The overarching health goal in the post-2015 development framework should be a health-outcome focused goal. This goal needs to reinforce health as a global concern for all countries, be ambitious, easily communicated, and serve to generate public interest and political leadership in health. It should reflect the challenges and opportunities of both global health and population dynamics in the post-2015 era and it should catalyse a holistic, people-centred, age-inclusive, and rights-based approach to health thus Goal 4 on Universal Health Coverage in the report cannot be the overarching health goal.

The overall health goal must have the ability to measure mortality, morbidity and disability. It should be able to strengthen integrated health systems and span the entire life course. It must inspire multisectoral action to achieve health outcomes and address the underlying social determinants of health which will encourage private sector engagement.

From an NCD perspective, the target on 'halt the rise of noncommunicable diseases' is not a feasible one. The target on NCDs should build upon the recently agreed global monitoring framework for NCDs and include and adapt the "25 by 25" mortality goal. It should be able to drive progress on both prevention and treatment which translates into indicators that span both risk-factor exposure and health system responses.

The NCD Alliance was founded by:

