The NCD Alliance
Putting non-communicable diseases
on the global agenda

ADVOCACY TOOLKIT
NCDs IN THE POST-2015 DEVELOPMENT AGENDA

CONTENTS

EXECUTIVE SUMMARY

The NCD Alliance united to put non-communicable diseases (NCDs) on the global agenda. Since its inception in 2009, one of its key campaign objectives has been the inclusion of NCDs in the successors to the Millennium Development Goals (MDGs). The UN High-Level Meeting on NCDs in September 2011 affirmed NCDs are one of the major challenges for development in the 21st century.

Now, with the expiry date of the current MDGs fast approaching, the NCD community has a unique opportunity to build on the momentum from the UN NCD Summit, and ensure that NCD prevention and control is central to the sustainable development agenda for the next fifteen years.

There is growing political consensus and strong technical foundations for the inclusion of NCDs in the post-2015 development agenda. But in these last six months of the process, coordinated and effective advocacy at national and regional levels is essential to maintain the pressure.

This NCD Alliance Post-2015 Advocacy Toolkit aims to equip advocates with the information and tools to:

• Understand and navigate the post-2015 processes;

• Articulate the position of NCDs and health in the post-2015 framework;

• Identify stakeholders and opportunities to influence the agenda at national, regional, and global levels;

• Take effective action, with resources and an advocacy checklist.

Glossary

DAH – Development Assistance for Health

FfD – Financing for Development

FCTC – WHO Framework Convention on Tobacco Control

LMICs – Low- and middle- income countries

MDGs – Millennium Development Goals

MoI – Means of Implementation

NCDs – Non-communicable diseases

OWG – Open Working Group

PGA – President of the General Assembly

SDG – Sustainable Development Goal

UHC – Universal health coverage

UN – United Nations

WHO – World Health Organization

SECTION 1: BACKGROUND

MDGs AND THE POST-2015 DEVELOPMENT AGENDA

This section outlines the history of the United Nations (UN) development agenda and the process to set the post-2015 development agenda thus far. It also explains why it is important for NCDs.

The UN has led an open, multistakeholder post-2015 consultation process since early 2012, soliciting feedback from Member States, UN agencies, and civil society along the way.

The Millennium Development Goals (MDGs)

In 2000, UN Member States adopted the Millennium Development Goals (MDGs). Since then, the MDGs have proven to be a powerful force in maintaining political support for health and human development in low- and middle-income countries (LMICs).

> **Key Messages**
>
> ○ The Millennium Development Goals (MDGs) have proven to be a powerful force in maintaining political support for health and human development;
>
> ○ With three of the eight goals on health, the MDGs reaffirmed the importance of health to human development and have contributed to impressive health gains over the last decade;
>
> ○ The omission of NCDs in the MDGs is a major weakness, which has contributed to political inertia and lack of resources for NCDs in LMICs;
>
> ○ The development of the post-2015 development agenda provides the global health community a unique opportunity to shape the framework and priorities, and ensure the inclusion of NCDs.

Health has a prominent place within the MDG framework, with three of the eight goals focused on reducing child mortality (MDG 4), improving maternal health (MDG 5), and combating HIV/AIDS, malaria, and other diseases (MDG 6). Other goals and targets also contributed to improving health outcomes, including eradicating extreme poverty and hunger (MDG 1) and access to essential medicines (MDG target 8e). There is little question that the MDGs have contributed to significant declines in the number of deaths from these diseases and conditions, as well as to an overall increase in life expectancy in many areas of the world.

However, the MDGs are not without their limitations. NCDs – namely cardiovascular disease, cancer, chronic respiratory disease, diabetes, and mental and neurological disorders – are absent, despite contributing to two-thirds of all global deaths and half of all global disability. As a result, global awareness, political prioritization and the resources necessary to tackle NCDs has been lacking. Today, many LMICs lack the capacity to respond to an epidemic that is overwhelming weak health systems, crippling national economies, and tipping households and vulnerable populations into vicious cycles of poverty. The anticipated global economic toll of NCDs will be $47 trillion by 2030, with $21 trillion of this loss occurring in LMICs[1]. This "business as usual" scenario far outweighs the estimated annual $11.2 billion USD cost of implementing priority interventions to reduce the burden of NCDs[2].

To date, bilateral and multilateral resources for NCDs in LMICs has been deeply inadequate, due in part to development aid policies focusing solely on the health priorities in the MDGs, and the enduring misperceptions that NCDs are diseases of affluence or old age. In 2011, only $377 million USD was allocated for NCDs, which is less than 2% of total Development Assistance for Health (DAH).[3] By comparison, maternal and child health received $6.1 billion the same year.[4]

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[1] Bloom, D.E et al. The Global Economic Burden of Noncommunicable Diseases, Geneva, World Economic Forum, 2011

[2] World Health Organization, Global Status Report on Noncommunicable Diseases, 2014.

[3] Nugent R.A and Feigl A.B. Where Have All the Donors Gone? Scarce Donor Funding for Non-Communicable Diseases, Centre for Global Development, Working Paper 228, 2010

[4] Institute for Health Metrics and Evaluation. Financing Global Health 2013: Transition in an Age of Austerity. Seattle, WA, IHME, 2014.

While this comparison is not to undermine the importance of other health priorities, it is indicative of the need to elevate NCDs to the global development agenda in order to secure adequate financing in the post-2015 era.

The Post-2015 Development Agenda

With the MDGs end date fast approaching, Member States have until September 2015 to agree the successor agenda – known as the post-2015 development agenda.

The process to establish the post-2015 agenda has been markedly different than that of the MDGs. One of the main criticisms of the MDGs was that they were developed and agreed behind closed doors. In response, the UN has led an open, multistakeholder consultation process since early 2012, soliciting feedback from Member States, UN agencies, and civil society (NGOs, academia, and private sector) along the way.

From this open consultation, there is agreement on **a broad set of principles for the post-2015 agenda.** See panel 1.

To accelerate the response to NCDs worldwide, greater attention and investment are needed on the early years of life, particularly during childhood and adolescence.

Panel 1: Agreed Principles for the Post-2015 Agenda

- The timeframe for the agenda will be **2016-2030**;

- The main ambition will be to **eradicate extreme poverty**;

- It will be a **"people-centered"** and **"planet-sensitive"** development agenda, reflecting the three pillars of **sustainable development**: economic, social, and environmental development;

- It will be **universally relevant and nationally applicable**, meaning **all countries** will be held accountable for meeting the goals and targets;

- A focus on **human rights, inequities, and reaching the poorest and most vulnerable populations** should extend to all goals;

- It will address the **"unfinished business" of the MDG agenda**, and also respond to current and future development challenges. For health, this means a post-2015 framework that goes beyond the **MDG health priorities, and includes NCDs**;

- There will be a stronger focus on **means of implementation**, to give guidance and facilitate resources for countries to achieve the goals and targets;

- It should support a **data revolution**, whereby countries are better able and equipped to measure progress, and to assess if those most in need are included in development progress.

WHO Director-General Dr Margaret Chan and UN Secretary-General Ban Ki-Moon. World leaders unanimously agreed that "the global burden and threat of NCDs constitutes one of the major challenges for development in the twenty-first century".

Although broadly welcomed, the universality of the agenda has already proved challenging in terms of setting priorities for all countries. On the content side, there are several contentious (or "red-line") issues: climate change, rule of law and governance, sexual and reproductive health and rights, and the means of implementation for the framework. These issues have already played a major role in shaping negotiations between countries. It will be up to each group of stakeholders to unite to protect their issues and see they are kept within the final framework.

SECTION 2:
THE POST-2015 PROCESS

THE STORY SO FAR, AND LOOKING AHEAD

This section outlines the post-2015 process so far and the multiple streams of work that will inform the final agenda to be agreed in September. Opportunities for civil society engagement are highlighted throughout.

UN General Assembly, 2012

The final post-2015 development agenda will be formally adopted by Heads of State/Government at a UN Summit in September 2015. The Summit will be a milestone for NCD society mobilization.

The Story So Far: Rio+20 and the Open Working Group (OWG)

The first major milestone in establishing the post-2015 agenda was the June 2012 UN Conference on Sustainable Development, known as Rio+20. At this conference, Member States agreed that the future agenda should be framed in terms of sustainable development; economic, social, and environmental dimensions. This is an important shift from the MDG era, where the primary focus was human development.

Rio+20 resulted in an Outcome Document, *The Future We Want*, which tasked Member States with developing a set of proposed sustainable development goals (SDGs). To achieve this, an Open Working Group (OWG) on sustainable development was set up within the UN and composed of 30 Member States.

Key Messages

○ Intergovernmental negotiations led by Member States will determine the final post-2015 framework;

○ The Open Working Group's proposed goals and targets are the basis for final negotiations on post-2015;

○ Several related processes will inform the final post-2015 agenda, including major intergovernmental conferences on financing and climate change;

○ The final Post-2015 Development Agenda will be adopted at a UN Summit in September 2015.

After more than a year of interactive sessions and negotiations, the OWG concluded their work in July 2014 by agreeing an Outcome Document with 17 proposed goals and 169 targets. This outcome has been described as "a delicate political balance," with Member States reasonably satisfied with the issues included and the ways in which the commitments are framed. Civil society, including the NCD Alliance and its network, were active throughout the OWG process, promoting health and NCDs to the OWG through both formal and informal channels, as well as hosting debates on the margins.

The OWG Outcome Document proposes a standalone goal on health (Goal 3): *Ensure healthy lives and promote wellbeing for all at all ages*. This health goal is supported by nine health targets, including three on the MDG unfinished business, three on NCD-related issues, and three which cover a mixture of other health priorities. In addition, there are four targets on the means of implementation (MoI) for health, including strengthening implementation of the WHO Framework Convention on Tobacco Control (FCTC). For more information on health and NCDs in post-2015, see Section 3.

The Final Stretch: Intergovernmental Negotiations

The final phase of the post-2015 process is taking the form of intergovernmental negotiations (i.e. led by Member States) at the UN in New York from January to July 2015. During these sessions, representatives from capitals, UN Missions in New York, UN system members, and stakeholders from civil society will meet on a monthly basis to discuss, negotiate, and eventually finalize all elements of the post-2015 agenda.

The elements of post-2015 will include a Declaration; Sustainable Development Goals and targets; Means of Implementation and Global Partnership for Sustainable Development; and follow-up and review. Guiding this process are two neutral co-facilitators, the Ambassadors of Ireland and Kenya to the UN.

The basis for these negotiations will be the OWG SDG framework, along with the December 2014 UN Secretary-General's Synthesis Report on Post-2015, *The Road to Dignity by 2030*. An important recommendation presented by the UN Secretary-General's Report is that the 17 SDGs could be organized around 6 elements. See Panel 2.

Panel 2: Six Elements in the UN Secretary-General's Synthesis Report

- **Dignity:** to end poverty and fight inequalities

- **People:** to ensure healthy lives, knowledge, and the inclusion of women and children

- **Prosperity:** to grow a strong, inclusive and transformative economy

- **Planet:** to protect our ecosystems for all societies and our children

- **Justice:** to promote safe and peaceful societies, and strong institutions

- **Partnership:** to catalyze global solidarity for sustainable development

Modalities, or working procedures, for the intergovernmental negotiations were agreed in December 2014. The views of civil society, the private sector, and other stakeholders will be sought during the course of the negotiations. However, the mechanism for civil society engagement may change as the negotiations near their conclusion. Regardless, it is critical that civil society remains as active and engaged as possible, both in New York and in capitals. For more on how to get involved, see Section 5.

Other Inputs into the Post-2015 Agenda

Parallel to the post-2015 negotiations are a number of relevant intergovernmental processes that will feed into the post-2015 agenda. Each of these processes are important, as they will inform specific policy areas of post-2015. In addition, they provide advocacy opportunities to ensure health and NCDs are well reflected in all parts of the final framework.

- **Third International Conference on Financing for Development (FfD) – July 2015:**

  The Third International Conference on Financing for Development (FfD) will be held in Addis Ababa, Ethiopia from 13-16 July 2015. Through an extensive preparatory process that began in late 2014, Member States will assess progress in implementing the Monterrey Consensus and the Doha Declaration, determine new and emerging issues related to the financing of the post-2015 agenda, and endorse a negotiated Outcome Document. The FfD process is co-chaired by Norway and Guyana.

  Outcomes of the FfD process will serve as a major input into the post-2015 agenda, as related to financing and implementation. Consequently, Member States have already agreed to ensure the two processes are aligned and complementary.

It is important that health and NCD advocates are vocal in the FfD preparations to promote strong means of implementation for health and development, including the provision of sustained financing for health systems strengthening, NCDs, and to promote implementation of the FCTC. Overseas Development Assistance (ODA) and financing mechanisms should prioritize spending on health and NCDs, in addition to the promotion of taxation of tobacco and other unhealthy products to reduce consumption and as a domestic financing mechanism.

- **21st Session of the Conference of the Parties to the UN Framework Convention on Climate Change (UNFCCC) – December 2015:**

  In 1992, countries became signatory to the UN Framework Convention on Climate Change (UNFCCC), with the aim of cooperatively considering means to limit average global temperature increases, and the resulting climate change. Parties to the UNFCCC will meet again in December 2015 in Paris for a Conference of the Parties (COP21), with the ambition of endorsing a new agreement that will govern actions on climate change beyond 2020.

  While some countries are prepared to set ambitious targets to reduce emissions, others are less willing to do so. Countries will have an eye toward this process as they negotiate the environmental sustainability and economic dimensions of the post-2015 agenda. Political agreements made or lost around climate change could have the potential to sway all parts of the post-2015 framework, including approaches toward financing and follow-up and review.

The UN Summit on Post-2015

The final post-2015 development agenda will be formally adopted by Heads of State/Government at a UN Summit in September 2015.

Although the agenda will already have been agreed by the time September comes, the Summit provides an important milestone for NCD civil society mobilization. See Panel 3 for details of the UN Summit.
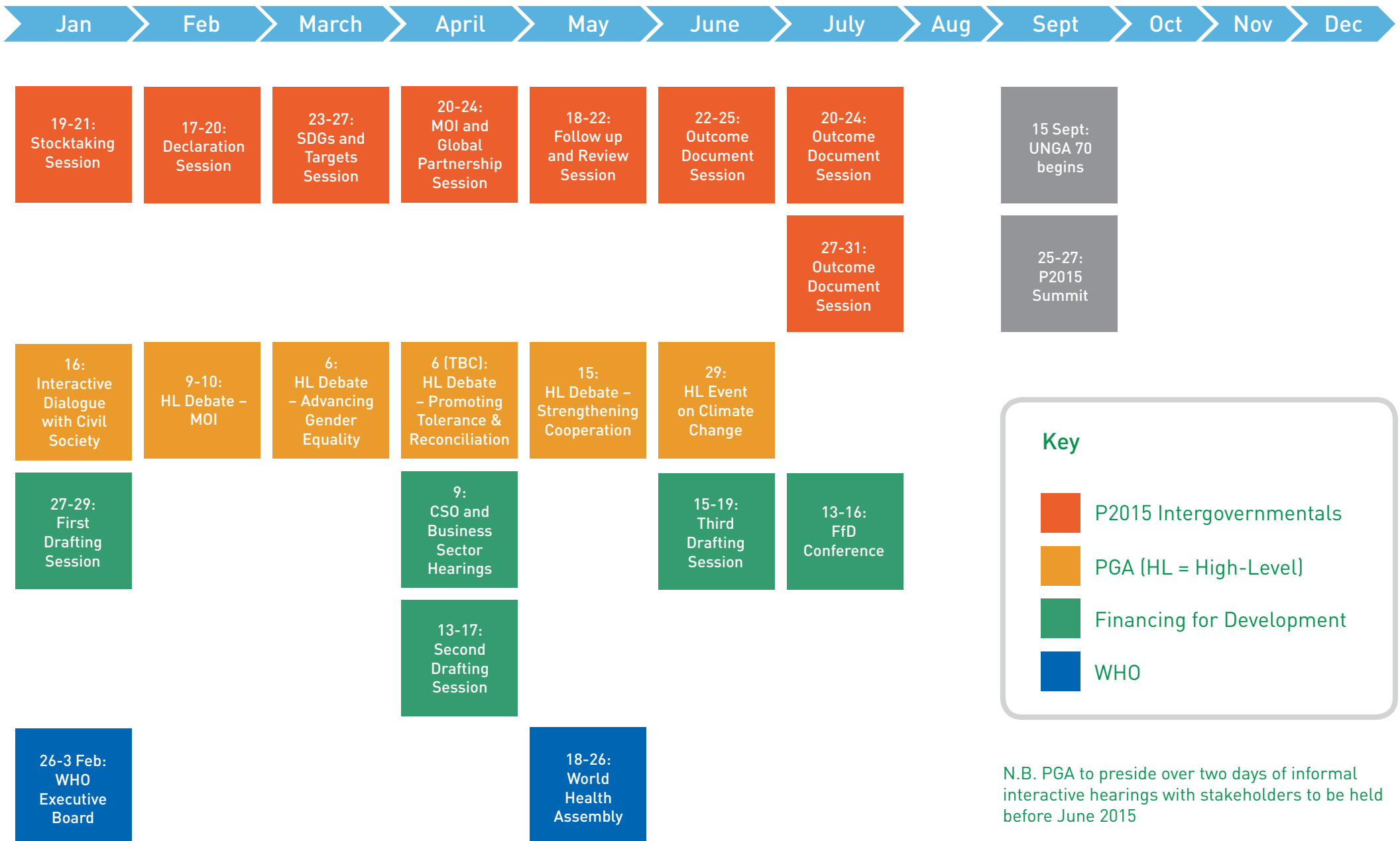

From left: Dr Jonathan Quick (MSH), Dr Ariel Pablos-Mendez (USAID), and Dr Agnes Binagwaho (Minister of Health, Rwanda) discuss NCDs across the lifecourse in post-2015, at NCD Alliance side event in September 2014, New York

NCD Alliance/ Andrew Neary, 2014

Panel 3: Details of the UN Summit on Post-2015

- **What**: A High-Level Meeting of Heads of State/Government to formally endorse the post-2015 agenda.

- **When:** 25-27 September 2015

- **Where:** UN Headquarters, New York USA

- **Participation:**
  - Heads of State / Government;
  - Government delegations. Civil society should actively try to secure a place on their government's delegation, if possible;
  - The UN System (agencies, funds, programmes, and international financial institutions);
  - Civil Society. The Summit will engage "all relevant stakeholders," including civil society. This means a selected civil society speaker in the main plenaries, and the ability to participate in the six interactive dialogues;
  - The Inter-Parliamentary Union (IPU) is invited to contribute inputs to the Summit.

- **Preparations for the Summit:**
  - **Thematic debates:** The President of the General Assembly (PGA) will host five high-level thematic debates and events to inform the post-2015 agenda. These meetings are open to civil society participation and input. The UN will send notices to alert when opportunities arise for participation;
  - **Interactive hearing:** The PGA will convene a two-day informal interactive hearing with civil society no later than June 2015, to exchange views on post-2015.

Timeline of the Official Post-2015 Process

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec

P2015 Intergovernmentals (orange)

19-21: Stocktaking Session	17-20: Declaration Session	23-27: SDGs and Targets Session	20-24: MOI and Global Partnership Session	18-22: Follow up and Review Session	22-25: Outcome Document Session	20-24: Outcome Document Session

27-31: Outcome Document Session (July)

UNGA/Summit (grey, Sept)

15 Sept: UNGA 70 begins

25-27: P2015 Summit

PGA (HL = High-Level) (yellow)

16: Interactive Dialogue with Civil Society (Jan)	9-10: HL Debate – MOI (Feb)	6: HL Debate – Advancing Gender Equality (March)	6 (TBC): HL Debate – Promoting Tolerance & Reconciliation (April)	15: HL Debate – Strengthening Cooperation (May)	29: HL Event on Climate Change (June)

Financing for Development (green)

- 27-29: First Drafting Session (Jan)
- 9: CSO and Business Sector Hearings (April)
- 13-17: Second Drafting Session (April)
- 15-19: Third Drafting Session (June)
- 13-16: FfD Conference (July)

WHO (blue)

- 26-3 Feb: WHO Executive Board (Jan)
- 18-26: World Health Assembly (May)

Key

- P2015 Intergovernmentals
- PGA (HL = High-Level)
- Financing for Development
- WHO

N.B. PGA to preside over two days of informal interactive hearings with stakeholders to be held before June 2015

SECTION 3: PROGRESS TO DATE

HEALTH AND NCDS IN THE POST-2015 AGENDA

This section outlines the current formulation of the health goals and targets in the post-2015 agenda, including NCDs. Based on the NCD Alliance priorities for post-2015, it also provides analysis and key messaging to inform national and regional NCD advocacy efforts.

Asian Development Bank / Abir Abdullah, 2012

People living with diabetes, at the Bangladesh Institute of Research and Rehabilitation for Diabetes, Endocrine and Metabolic Disorders.

Overview

All official post-2015 proposals to date have recognised health as a fundamental element of the agenda. As stated in the Rio+20 Outcome Document, "*Health is a precondition for, an outcome of, and an indicator for sustainable development*".

As the OWG proposals are the basis for the goals and targets, one of the proposed 17 goals will be focused on health, with a sub-set of targets on health priorities. The targets will encompass the "unfinished business" of the health-related MDGs (including maternal, newborn and child health, and communicable diseases such as HIV/AIDS, TB and malaria); new priorities such as NCDs; and universal health coverage (UHC).
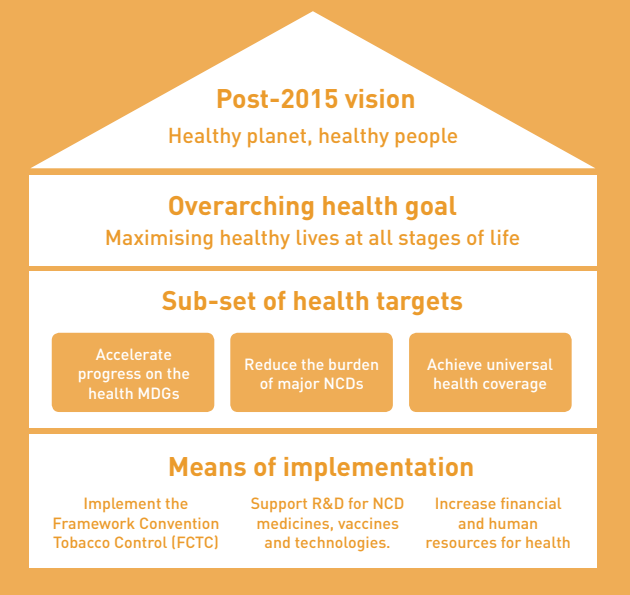
All targets must be ambitious, measurable, technically sound, and consistent with previous international agreements. Global indicators could underpin the targets and provide a starting point for countries to determine how to measure progress.

Given that many other SDGs are important determinants of health (e.g. poverty, nutrition, education, energy), there is also momentum to include health- and NCD-sensitive indicators across these other goals and targets.

See Panel 4 for the NCD Alliance vision for health in post-2015. This diagram summarizes the NCD Alliance's position on health goals and targets, and informs the analysis below.

Key Messages

○ A standalone, inclusive health goal in the post-2015 agenda will galvanize action to improve all health outcomes;

○ An ambitious NCD target focused on reducing premature mortality is essential, and already supported by strong political and technical mandates;

○ Means of implementation to achieve the health goal and targets should include FCTC implementation and adequate financing for health;

○ Health-sensitive indicators across relevant sustainable development goals will help measure health impacts of sustainable development and ensure it promotes healthy lives.

Panel 4: NCD Alliance Vision for Health in Post-2015

Post-2015 Health Framework

Post-2015 vision
Healthy planet, healthy people

Overarching health goal
Maximising healthy lives at all stages of life

Sub-set of health targets

| Accelerate progress on the health MDGs | Reduce the burden of major NCDs | Achieve universal health coverage |

Means of implementation

| Implement the Framework Convention Tobacco Control (FCTC) | Support R&D for NCD medicines, vaccines and technologies. | Increase financial and human resources for health |

Overarching Health Goal

The MDGs reinforced WHO Director General Dr Margaret Chan's mantra "what gets measured, gets done." For this reason, it is imperative there is a dedicated health goal. A standalone goal will help reinforce health as a global concern for all countries. It must be ambitious, easily communicated, and serve to generate public interest and retain political leadership in health.

> The health goal proposed in the OWG framework is **goal 3**, *"Ensure healthy lives and promote wellbeing for all at all ages".*

Overall, the NCD Alliance is very supportive of this goal. As an outcome-focused goal and inclusive of all ages, it will help facilitate a more holistic approach to health. Healthy life expectancy is a key indicator of a state's development progress, measuring mortality, morbidity and disability. This is an important departure from the MDGs, which largely focused on mortality. It reflects an increasing interest in the accurate measurement of health, disability and wellbeing, especially in the context of declining mortality due to acute infectious diseases, ageing populations, and greater prominence of NCDs.

Health targets, including NCDs:

The overarching health goal is associated with nine targets, including three related to the unfinished business of the MDGs, three to NCDs and injuries, and three cross-cutting or systems focused, including universal health coverage (UHC). See panel 5.

Panel 5: OWG Health Goal and Targets

MDG

1. By 2030, reduce the global **maternal mortality** ratio to less than 70 per 100,000 live births

2. By 2030, end preventable **deaths of newborns and children** under 5 years of age

3. By 2030, end the epidemic of **AIDS, tuberculosis, malaria and neglected tropical diseases** and combat **hepatitis, water-borne diseases** and **other communicable diseases**

NCDs

4. By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being

5. Strengthen the **prevention and treatment of substance abuse**, including narcotic drug abuse and harmful use of alcohol

6. By 2020, halve the number of global deaths and injuries from road traffic accidents

Mix

7. By 2030, ensure **universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

8. Achieve **universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

9. By 2030, substantially reduce the number of deaths and illness from **hazardous chemical and air water soil pollution** and **contamination**

Source: WHO

Farmer Sione Vaianginam with his children, Nuku'alofa the capital of Tonga.

> The main priority for the NCD Alliance is **target 3.4**, *"by 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and well being."*

This target is based on the WHO Global Monitoring Framework on NCDs (GMF), comprised of nine global targets and 25 indicators and was adopted by Member States during the World Health Assembly in May 2013. The 2030 target was set by extending the "25 by 25" target, which has a baseline of 2010.

In addition to being technically sound and feasible, there is a strong political mandate for the inclusion of this NCD target. See section 5C for a table summarizing the political mandate for the inclusion of NCDs in post-2015.

Targets 3.5 and 3.6 are also of importance for NCDs. Target 3.5 focuses on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. Harmful use of alcohol is one of the four, shared risk factors for NCDs, and is one of the most advanced areas of monitoring. The indicator on alcohol consumption from the WHO GMF is a useful and appropriate way to measure this target, and should be considered in support of measuring 3.5 going forward.

Target 3.6 focuses on reducing by half global deaths and injuries from road traffic accidents, which is also of relevance to NCDs. Road traffic injuries are a leading cause of preventable deaths, and are caused in part by risk factors shared by NCDs. They require health systems able to provide services that are critical to those suffering from NCDs, as well. Thus, this target should be supported as currently articulated.

Target 3.8 on universal health coverage (UHC) is based on the WHO and World Bank Global Monitoring Framework on UHC, which was developed in consultation with many stakeholders including the NCD Alliance. This target will measure coverage for health services and financial risk protection. This target has the potential to shift focus away from vertical health programs towards an integrated approach, particularly at the primary healthcare level. UHC also provides an opportunity to build on past and current health investments in LMICs. Existing service delivery platforms for related health issues, such as for HIV/AIDS, TB, and maternal health, can be used to introduce risk assessment, early diagnosis and management of NCDs. Retaining this target in the final framework, including reference to financial risk protection, should be a priority for NCD advocates. To learn more about the links between UHC and NCDs, read the NCD Alliance policy brief on UHC and NCD.

As the implementation of this agenda begins in 2016 and countries adapt this framework to suit national settings, countries must be reminded of the importance of the total package of targets for health. Additionally, targets must be supported by indicators that can be disaggregated by key strata, including age, level of income, sex, and disability, in order to ensure universal progress and the realization of equitable development.

Means of Implementation (MoI) Targets for Health

The OWG proposes that each SDG has a set of means of implementation (MoI) targets included within the goal. These are meant to guide countries' efforts to achieve the level of ambition of the new universal agenda. A number of themes are receiving particular attention, namely sustainable financial resources, technology transfer, and partnerships. This is linked to the Third International Conference on Financing for Development.

For the health goal, there are currently four proposed MoI targets under discussion. See Panel 6.

PAHO, 2014

National public health authorities and community leaders discuss a project for NCDs control in Puerto Rico.

Together, the proposed MoI targets form a basic guide for implementing the health goal and targets. All are of relevance to NCD prevention and control, particularly 3.a – 3.c. Without them, countries will have a long list of health outcomes, but little guidance on how to achieve them. It is imperative that these MoI targets are retained in the final post-2015 framework.

Integrating Health across other SDGs

Almost every proposed SDG has a link with health. Many are important determinants of health, including poverty, nutrition, and education. Many environmental goals, such as sustainable cities and energy, are also closely linked to health and NCD outcomes. Measuring the health impacts and co-benefits of relevant goals and targets is a way to assess the ways in which social and environmental determinants affect health outcomes, including NCDs. It is also a way to monitor which sustainable development policies may have health-harming consequences, such as disruptions to food systems.

Of the other SDGs, the NCD Alliance has prioritized the following: Goal 2 on food security and hunger; Goal 7 on sustainable energy; and Goal 11 on sustainable cities. See Panel 7 for more resources on the rationale and proposed indicators.

Panel 7: Useful Resources on Health Indicators for Post-2015

• WHO 100 Global Core Health Indicators

• WHO Global Monitoring Framework on NCDs

• The Lancet – Indicators linking health and sustainability in the post-2015 development agenda

• NCD Alliance Policy Brief – NCDs and Sustainable Development

Asian Development Bank / Mumbai, India / Simone D McCourtie

Many environmental goals, such as sustainable cities and energy, are closely linked to health and NCD outcomes.

SECTION 4:
TAKE ACTION

GUIDANCE ON POST-2015 ADVOCACY

The clock is ticking to the adoption of the post-2015 development agenda and in these last few months coordinating our campaigning is crucial. The most effective campaigning uses common key messages and recruits individuals and organisations including the media to amplify those messages. This section provides guidance and tips for national advocates to influence the post-2015 process.

The WHO Framework Convention on Tobacco Control (FCTC) is the only legally binding public health treaty in the UN system, and an essential means to achieve progress on NCDs and other health targets.

World Health Assembly, 2013. NCD Alliance side event.

1. Establish clear asks

Effective advocacy for post-2015 must start with clear and concrete policy asks for national governments, who are negotiating all elements of post-2015 at the UN. The asks must be as specific and concrete as possible, and tailored to your own government's national context and priorities.

See Panel 4 in Section 3 for the NCD Alliance's goals for post-2015.

2. Identify target audience

Through research and analysis, you should build an understanding of the key post-2015 decision-makers in your national context in order to identify your target audience. Stakeholder analysis can be helpful to identify the most important targets, especially those who have the greatest influence on and interest in the post-2015 process.

Start by identifying the institutions and individuals involved in post-2015 decision-making in your country or region. See Panel 8 for tips on potential target audiences for post-2015.

Panel 8: Potential target audiences for post-2015 advocacy:

- The Prime Minister or President, including key advisers and staff;

- Minister of Foreign Affairs (MoFA) or Development, including key advisers and staff;

- Minister of Health, including NCD focal points and key advisers;

- Members of government task forces or committees on post-2015;

- Politicians and policy officials in related ministries which are likely to be consulted on post-2015, such as finance, education, environment, trade, transport, agriculture;

- Influencers – such as parliamentarians, civil society leaders, healthcare professionals, donors, business leaders, opinion leaders, and the media;

From the list above, it is imperative all advocates target and engage your **Ministry of Foreign Affairs or Development.** All government positions for post-2015 will be decided upon and agreed in capital, by this Ministry.

Once you have identified your target audience(s), it is important to conduct further research on them. Successful advocacy strategies invest considerable time in understanding target audiences, to gain a good understanding of how to influence them and tailor messaging and activities for the biggest impact.

3. Use key messages

Delivering powerful communications means understanding your audience. If you really want to influence decision-makers you should invest time in determining what motivates and moves your target audience. Just put yourself in the place of the people you are trying to reach. Do they know very much about NCDs? Are they aware of the post-2015 process? Are they busy individuals with little time to read lengthy letters or documents? If your messages are numerous, vague or too complex they might not grab the attention of your target audience.

Panel 9: Top tips for messages:

- Make sure they are evidence-based, and cite your sources for facts and statistics;

- Use clear, concise and compelling language, keep sentences and paragraphs short and punchy to catch and keep attention;

- Avoid jargon, dry bureaucratic language and acronyms;

- Use facts and statistics that mean something to the audience;

- Illustrate your messages with human-interest case studies or success stories.

As well as using the key messages, it is important to have talking points and sound bites prepared. These can be used by advocates and spokespeople. See section 5A for key messages on NCDs and post-2015.

4. Choose your messengers

Your message can have a very different impact, depending on who is delivering it. Messengers are those who may not have the direct power to make decisions or achieve your goals themselves, but have influence over your target audience and therefore may be best placed to deliver your message.

You should choose your messengers strategically and you may wish to have different messengers for different forums or audiences, and at different geographical or political levels. For example, a well-known celebrity could be very effective at delivering your message to the general public, whereas a scientific expert could bring credibility in a political forum. Journalists cannot change post-2015 policy directly, but a striking or high profile media campaign can have a real influence on those who can.

5. Work in partnerships

Building strong partnerships, which include a broad range of actors and constituencies, can help to increase the legitimacy and effectiveness of your post-2015 advocacy. The NCD Alliance has had great success in working in partnership with a broad range of both health and NCD organizations at the global level (Panel 10). This is important for post-2015, given the enormous number of priorities across all areas of development. The more consensus around a particular area/ask, the stronger the ask becomes.

Locally, you may find it effective to join forces with colleagues from other NCD organizations. Working through existing national/regional NCD alliances is a very effective way to collaborate. Click here for a full list of national/regional NCD alliances. If a local NCD alliance is not in place, reaching out to other organizations focused on specific diseases or risk factors is equally effective.

Working alongside other health NGOs, such as those focused on HIV/AIDS or maternal health, will help strengthen overall advocacy for health. It will familiarize them with priorities for NCDs and while also allowing you to become familiar with their priorities for health.

Panel 10: Working in Partnership with other Health NGOs

At the global level, the NCD Alliance has joined forces with the UN Foundation, the International HIV/AIDS Alliance, and the Global Health Council to convene and coordinate leading health NGOs campaigning on post-2015. The aim is to coordinate advocacy efforts to protect and promote health in post-2015. This united approach has been favorably received by UN policymakers and governments alike, and has been effective throughout the process in New York. The group serves as a platform to exchange intelligence and updates on the process, facilitates a broader understanding of the entire set of health priorities, and offers a way to perform joint advocacy through group statements and messaging.

6. Identify opportunities and activities for delivering your messages

The post-2015 process is time-bound and the window to influence is narrow. Where possible, you should analyze the processes (see Section 1) at national, regional and global levels to identify opportunities and entry points to get your message heard by your target audience. It will simply not be possible to engage in all opportunities at all levels.

There are many ways to deliver an advocacy message, ranging from privately meeting individuals, to campaigning in a public forum. For post-2015, the two important ways you can deliver your advocacy messages are lobbying/negotiating, and working with the media.

Lobbying / negotiating

Lobbying is about trying to influence decision-makers on a particular issue. Negotiating involves advancing your issue by presenting a position and debating with opposition. Developing good relationships is really important to both.

Lobbying can be formal (e.g. arranging a meeting with a key decision-maker) or informal (e.g. meeting decision-makers in the corridors or during the margins of an event).

Panel 11: Top tips for lobbying decision-makers on post-2015:

- **Write directly to government representatives, requesting a meeting to discuss post-2015:** It is vital to conduct ongoing conversations with your governments, to keep pushing NCDs and health asks for post-2015, and for your government to regard you as a trusted technical resource on these issues. This consistent messaging and pressure can position NCDs positively with your government and make advocacy easier.

- **Know your national policy on post-2015, as well as NCDs:** It is important to be fully aware of your government position on post-2015, so that you can tailor your messaging to their priorities. Note what your government is saying in regional and international dialogues on post-

2015, as well as the international declarations or agreements they have signed up to. Language found in international agreements is referred to as "negotiated language". This often makes it easier to advocate for because there is already consensus for the language.

- **Identify if your government is negotiating in a political bloc at the UN:** Countries tend to negotiate and vote in "blocs" at the UN. A bloc is a grouping of governments who take a common position on an issue. The important blocs for post-2015 are likely to be the European Union (EU), the Group of 77 (G77), the African Union, Least Developed Countries (LDCs), Small Island Developing states (SIDS), the Arab group, and the Alliance of Small Island Developing Sates (AOSIS). Member States will also be speaking frequently as individual states during this process.

- **Make sure your government and its New York Mission are saying the same thing:** Although government positions are developed in capital, the New York Missions to the UN are the ones on the front line during negotiations. It is therefore important to ensure Mission representatives in New York are presenting the national position of their government. It is important to note that Mission staff are not normally issue experts, and they may not know technical details of your country's policies. To help encourage this, you could copy all correspondence you send to your government to the New York Mission as well; when meeting with government representatives, ask what its Mission is doing and saying in New York.

- **Urge Parliamentarians to raise NCDs and post-2015 in Parliament:** Another tactic to keep the pressure up in capital on health and NCDs is to identify interested and active parliamentarians and encourage them to raise the issue within parliamentary debates and discussions. You can identify interested parliamentarians for NCDs and post-2015 by using web-based resources such as voting rolls and records of debates. Also, check who is serving on relevant committees and sub-committees related to health and international development, as well as All-Party Parliamentary Groups that could champion the issue.

Working with the media

Working with the media is a cost-effective, powerful way of communicating your messages. And professionally executed media plans are the most likely to reap media coverage.

Media advocacy is the strategic use of media to communicate with large numbers of people to advance a social or public policy objective or influence public attitudes on an important public matter. There are several tools that can be used to influence the media. The most popular include press releases, events, news conferences, letters to editors, TV or radio interviews, newsletters, briefs, conferences, seminars and workshops. In developing countries, websites, blogs and social media (e.g., Facebook and Twitter) are becoming increasingly dominant forms of communication.

For more guidance on working with the media, click here.

SECTION 5:
RESOURCES AND TOOLS

IN THIS SECTION YOU WILL FIND USEFUL RESOURCES, TOOLS AND PUBLICATIONS TO SUPPORT YOUR ADVOCACY EFFORTS. ALL OF THESE RESOURCES CAN BE DOWNLOADED AND AMENDED FOR YOUR USE.

A. Advocacy 2-pager on NCDs and post-2015
B. Checklist for post-2015 advocacy
C. Summary of political documents and proposals relevant for health in post-2015
D. Key resources and further reading on post-2015
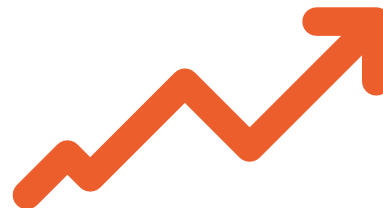
NON-COMMUNICABLE DISEASES: A PRIORITY FOR SUSTAINABLE HUMAN DEVELOPMENT

NCDs are one of the major health and development challenges of the 21st century, in terms of both the human suffering they cause and the adverse effect they have on universal sustainable development.

With the expiry of the Millennium Development Goals fast approaching, it is imperative that NCDs are included as a priority in the post-2015 agenda.

NCDs are the **#1 cause of death and disability** worldwide

Every year **38 million** people die from NCDs. That's more deaths than all other diseases combined.

40% of people who die from NCDs are in their most productive years.

Most NCD deaths are caused by = **cardiovascular diseases, cancer, diabetes, chronic respiratory disease, mental health and neurological disorders.**

Almost **2/3** of NCD deaths are linked to

tobacco use, **harmful use of alcohol**, **unhealthy diets**, and **physical inactivity**.

NCDs hit **developing countries** the hardest

75% of NCD deaths occur in developing countries.

In developing countries, NCDs are increasing **faster**, in **younger people**, and with **worse outcomes** than in wealthier countries.

In **2013** alone, NCDs killed **8 million** people before their **60th birthday.**

It is **time to act.** We have **cost-effective strategies** that save lives

Reduce **modifiable risk factors**

Expand coverage of **essential medicines and technologies**

Strengthen **health systems**

Improve **surveillance**

The **cost of inaction** on NCDs far **outweighs the cost of action**

$7 trillion cost of inaction in developing countries over the next 20 years

$11 billion cost per year of implementing a set of high-impact interventions.

Yet NCDs still receive less than **2%** of Development Assistance for Health

Investing in NCDs makes sense for **sustainable development**

Saves lives

Promotes social cohesion

Improves economies

Supports a healthy planet

Health and NCDs in Post-2015: Recommended Goals and Targets

1. A standalone **health goal**

Ensuring healthy lives and wellbeing at all stages of life.

An outcome-focused health goal, inclusive of all ages will facilitate a holistic approach to health. It will also invite a broader definition of health than the MDGs, beyond mortality to morbidity and disability which is imperative for NCDs.
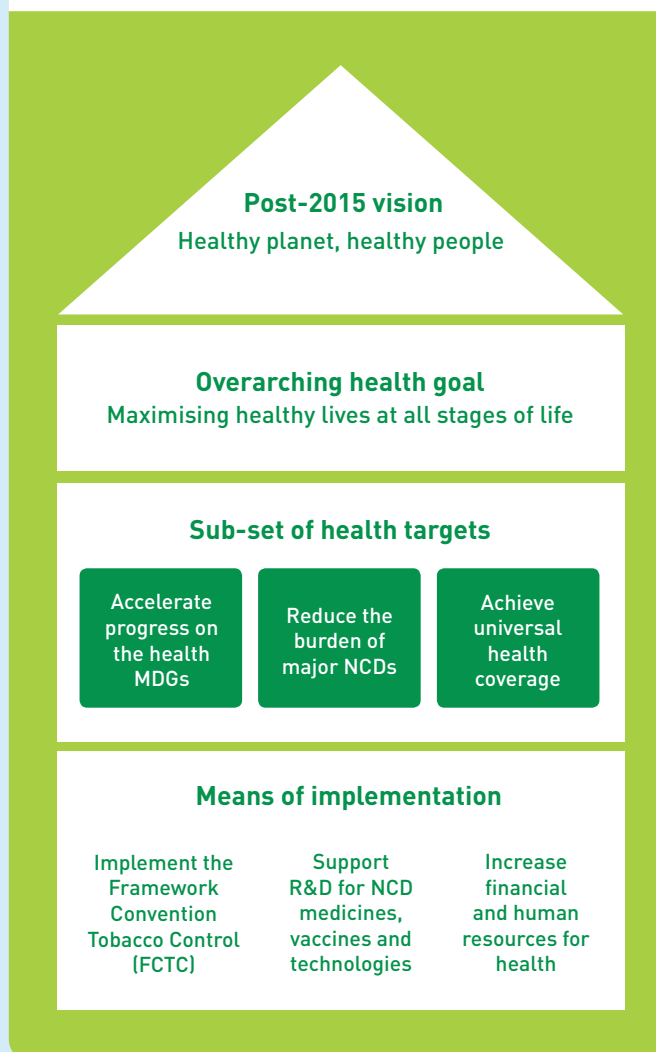
2. An ambitious **NCD target**

By 2030 reduce by at least one-third premature mortality from NCDs through prevention and treatment, and reduce mental and neurological disorders.

This target is based on the agreed WHA goal to reduce premature mortality from NCDs by 25% by 2025. Addressing mental health and neurological disorders is essential to reducing overall mortality and morbidity from NCDs.

3. A target on universal **health coverage**

Achieve UHC including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines, technologies and vaccines for all.

NCD Alliance Vision for Health in Post-2015

Post-2015 vision
Healthy planet, healthy people

Overarching health goal
Maximising healthy lives at all stages of life

Sub-set of health targets

| Accelerate progress on the health MDGs | Reduce the burden of major NCDs | Achieve universal health coverage |

Means of implementation

| Implement the Framework Convention Tobacco Control (FCTC) | Support R&D for NCD medicines, vaccines and technologies | Increase financial and human resources for health |

This target can help shift focus away from vertical health programs towards an integrated approach. Achieving UHC provides an opportunity to build on past and current investments in developing countries for other health issues.

4. Strong Means of **Implementation** (MoI) targets

Strong means of implementation for NCDs include accelerating the full implementation of the WHO Framework Convention on Tobacco Control, promote research and development for NCD medicines, vaccines and technologies, and increase financial and human resources for health.

5. Health and NCD-sensitive **indicators**

Many other areas of sustainable development contribute to NCDs and ill health, including sustainable cities, food and agriculture, climate change, and energy. Health-sensitive indicators are required across the post-2015 framework to better measure health impacts of sustainable development and promote joint solutions.

References:
Global Status Report on NCDs 2014. Geneva, WHO, 2015.
The emerging global health crisis: NCDs in Low- and Middle-income Countries. New York: Council of Foreign Relations; 2014

From Burden to "Best Buys": Reducing the Economic Impact on NCDs in Low- and Middle-income Countries. Geneva, WHO and WEF, 2011
Financing Global Health 2013: Transition in the Age of Austerity. Seattle WA: IHME; 2014

B: Checklist for Post-2015 Advocacy

To support our network's advocacy efforts leading up to the adoption of the post-2015 development agenda, we have designed a practical checklist of steps to be taken:

☐ Conduct a mapping exercise of the post-2015 process in your country (or region), to identify the timeline, opportunities to influence and key stakeholders;

☐ Establish your key advocacy asks for health, NCDs and post-2015 informed by the NCD Alliance position;

☐ Request a meeting with your Minister of Foreign Affairs / Development to discuss your priorities on health and NCDs;

☐ Write a letter to your country's UN Missions in New York and Geneva with your key asks for post-2015, and arrange a meeting if you are in New York;

☐ Engage active parliamentarians to raise NCDs as a priority in post-2015;

☐ Request to be on your government delegation for the UN Summit on Post-2015;

☐ Attend national (and/or regional) post-2015 stakeholder consultations or events;

☐ Build partnerships at the national level with like-minded organisations focused on NCDs/health and post-2015;

☐ Use communication channels and the media to promote your campaign priorities;

☐ Register for the UN Civil Society Hearing and UN Summit on post-2015:
http://csonet.org/index.php?page=view&type=12&nr=180&menu=14

☐ Share intelligence and feedback with the NCD Alliance on your discussions with your government on post-2015. Email info@ncdalliance.org;

☐ Sign up to the NCD Alliance e-alert for regular updates on the post-2015 process, as well as opportunities to engage.

C: Summary of Political Documents and Proposals Relevant to Health in Post-2015

Source	Agreed/proposed language	Source	Agreed/proposed language
UN Political Declaration on NCDs – September 2011	• NCDs highlighted as "one of the major challenges for development in the twenty-first century," with links to all areas of development, and directly related to the achievement of internationally agreed development goals.	**Outcome Document of the UN high-level review of the prevention and control of NCDs** – July 2014	• "Give due consideration to addressing non-communicable diseases in the elaboration of the post-2015 development agenda, taking into account, in particular, their serious socioeconomic consequences and determinants and their links to poverty."
Future We Want Rio+20 Outcome Document – June 2012	• Recognizes health as a "precondition, indicator, and outcome of sustainable development." • Acknowledges NCDs as a priority sustainable development challenge, commits to strengthening health systems toward NCDs, and commits to establishing national NCD policies including beyond the health sector.	**Outcome document of the Open Working Group on Sustainable Development Goals** – July 2014	• **Proposed goal:** *Ensure healthy lives and promote wellbeing for all at all ages* • **Proposed NCD target:** *By 2030 reduce by one-third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing.* • **Proposed UHC target:** *Achieve UHC, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all* • **Proposed means of implementation target:** *Strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate*
Report of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda – May 2013	• **Proposed goal:** *Ensure healthy lives* • **Proposed NCD target:** *Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases*		
Global Monitoring Framework for NCDs – May 2013	• Agreed set of 9 targets for 2025 and 25 indicators for NCDs • Will serve as the technical basis for NCDs in post-2015	**The Road to Dignity by 2030 Synthesis report of the Secretary-General on the Post-2015 Agenda** – December 2014	• Improved health outcomes and services have been and must remain a means and outcome of sustainable development • **Post-2015 agenda must address reducing the burden of NCDs,** including mental illness, nervous system injuries, and road traffic accidents • Agenda must also include **universal health coverage** (access and affordability)
Sustainable Development Solutions Network (SDSN) – 2013-2014	• **Proposed Goal:** Achieve health and wellbeing at all ages • **Proposed Targets:** Three proposed health targets include ensuring universal coverage of quality care including for NCDs; reducing deaths from NCDs under age 70 by 30% compared to levels in 2015; and a target to measure implementation of policies to promote healthy diets and reduce tobacco use by 30% and alcohol use by 20%.		

D: Key Resources and Further Reading on Post-2015

Websites:

- UN Post-2015
- WHO Post-2015
- Office of the President of the General Assembly
- UN Non-governmental Liaison Service (NGLS)
- UN Department of Economic and Social Affairs
- Third International Conference on Financing for Development
- Beyond 2015

Official Reports and Resolutions:

- Rio+20 Outcome Document, July 2012
- WHO/UNICEF Global Thematic Report on Health in Post-2015, April 2013
- UN High-Level Panel Report on Post-2015, May 2013
- Open Working Group Proposal for Sustainable Development Goals, July 2014
- UN Secretary General Synthesis Report on Post-2015, December 2014
- UN Resolution on Modalities for Intergovernmental Negotiations on Post-2015, December 2014
- UN Resolution on Modalities for UN Summit on Post-2015, December 2014

Other Reports:

- Sustainable Development Solutions Network (SDSN) Report – An Action Agenda for Sustainable Development, May 2014
- SDSN Report on Financing Sustainable Development, November 2014
- SDSN Report on Indicators and a Monitoring Framework for the SDGs, January 2015

NCD Specific Resources:

- UN Political Declaration on NCD Prevention and Control, September 2011
- UN Outcome Document of the NCD Review, July 2014
- WHO Global Status Report on NCDs, Chapter 2, 2010
- WHO Global Status Report on NCDs, 2014
- World Economic Forum Report – The Global Economic Burden of NCDs, September 2011
- The Lancet Paper – Embedding NCDs in the Post-2015 Development Agenda, February 2013
- Council on Foreign Relations Task Force Report, December 2014
- NCD Alliance Background Briefing – Global Development Dialogue
- NCD Alliance Policy Brief: Healthy Planet, Healthy People: Our Vision for the Post-2015 Agenda, May 2013
- NCD Alliance Policy Brief: NCDs and Sustainable Development, June 2012
- NCD Alliance Policy Brief: NCDs and Universal Health Coverage (UHC), September 2014
- NCD Alliance/HAI/HI/ADI Policy Brief: Addressing NCDs and Disability throughout the Lifecourse, September 2013

"By placing NCDs permanently on the global development agenda, people's lives, opportunities, and future prospects will improve – thereby advancing sustainable human development overall"

Helen Clark – Administrator of the United Nations Development Programme
Launch of the Lancet Series on NCDs and Development, 11 Feb 2013

The NCD Alliance
Putting non-communicable diseases
on the global agenda

www.ncdalliance.org   Follow us on Twitter: @ncdalliance

About the NCD Alliance

Founded in 2009 and led by seven international NGO federations – Alzheimer's Disease International, the Framework Convention Alliance, the International Diabetes Federation, the International Union Against Tuberculosis and Lung Disease, Management Sciences for Health, the Union for International Cancer Control, and the World Heart Federation – the NCD Alliance is a unique civil society network working towards a world free from preventable suffering, disability and death caused by non-communicable diseases (NCDs).

With a strong global network of more than 2,000 organisations in 170 countries; strategic relations with the World Health Organization, UN, and governments; and staff in Geneva, London and New York, the NCD Alliance is at the forefront of elevating NCDs onto the global health and development agenda. Our network includes global and national NGOs, scientific and professional associations, academic and research institutions, private sector entities and dedicated individuals.

International Diabetes Federation · **uicc** *global cancer control* A MEMBERSHIP ORGANISATION FIGHTING CANCER TOGETHER · **The Union** International Union Against Tuberculosis and Lung Disease *Health solutions for the poor* · **WORLD HEART FEDERATION®** · **Az Alzheimer's Disease International** · **msh** Management Sciences for Health · **FRAMEWORK CONVENTION ALLIANCE**