**NCD Alliance Response**

**UN-NGLS Consultation on Post-2015 Reports**

July 2013

Four reports have been recently published to inform the global dialogue on post-2015 and the UN Secretary-General as he prepares his recommendations ahead of the UN General Assembly in September 2013.

**The four reports are:**

1) [High-level Panel of Eminent Persons on the Post-2015 Development Agenda (Post-2015 HLP)](http://www.post2015hlp.org/featured/high-level-panel-releases-recommendations-for-worlds-next-development-agenda/)

2) [UN Sustainable Development Solutions Network (SDSN)](http://unsdsn.org/)

3) [UN Global Compact (UNGC)](http://www.unglobalcompact.org/docs/news_events/9.1_news_archives/2013_06_18/UNGC_Post2015_Report.pdf)

4) [UN Development Group (UNDG): The Global Conversation Begins](http://www.undp.org/content/undp/en/home/librarypage/mdg/global-conversation-begins/)

**UN-NGLS Consultation with Civil Society**

To continue the open and inclusive nature of the post-2015 process, the United Nations Non-Governmental Liaison Service (UN-NGLS) is holding an online consultation with civil society on these four reports. The consultation aims to explore the strengths and weaknesses of the narrative of the four reports, as well as provide analysis on the proposed goals, targets and indicators.

The UN-NGLS will produce a synthesis report of this civil society consultation. The report will be delivered to the UN Secretary-General and Heads of State/Government at the General Assembly Special Event on the Millennium Development Goals on 25 September, as well as to the Open Working Group on Sustainable Development Goals (OWG on SDGs). It will also inform a day of dialogue between CSOs and Member States on the post-2015 development agenda, scheduled for Sunday 22 September in New York.

**Take action – Deadline: 12 July**

**To facilitate NCD civil society input to the UN-NGLS Consultation, the NCD Alliance has conducted an analysis of each of the four reports and prepared key messages for the consultation questions.** We encourage you to submit a response to the UN-NGLS consultation by the 12 July deadline, and incorporate these messages into your submissions. In addition, we have produced a summary table comparing the four different reports from a health and NCD perspective. This can be found in **Annex 1.**

**Background: NCD Alliance policy response to post-2015**

The NCD Alliance and our global network have been engaged in post-2015 consultations since the beginning. Our common objective is 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 – and their shared risk factors, drivers, and solutions.

In May 2013, the NCD Alliance published our vision for health in the post-2015 era- [“*Healthy Planet, Healthy People: The NCD Alliance Vision for Health and NCDs in Post-2015”*](http://ncdalliance.org/sites/default/files/rfiles/NCD%20Alliance%20Policy%20Brief%20-%20Health%20in%20the%20Post-2015%20Development%20Agenda_%20%28US%2C%20web%29.pdf)*.* This policy brief, developed in consultation with a group of experts, presents recommendations on a post-2015 framework – including specific goals and targets. Our responses below draw from this vision and other published policy positions.

**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]*

**1 A) What do you agree with about the narrative sections and why?**

**High-level Panel of Eminent Persons on the Post-2015 Development Agenda (Post-2015 HLP)**

* **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”* approach to sustainable development, integrating the social, economic, and environmental dimensions. 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”,* addressing vulnerable groups such as women, children, indigenous populations, and people with disabilities. Many of these populations 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.
* **Call for 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 will be critical for planning purposes and identifying what works.
* **Role of civil society:** 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.

**UN Sustainable Development Solutions Network (SDSN) Report**

* **Sustainable development at the core:** The SDSN report addresses four dimensions of sustainable development- economic development, social inclusion, environmental sustainability, and good governance. This reflects the global applicability of the agenda and the inter-relatedness of the different challenges for post-2015.
* **Purpose of the Sustainable Development Goals (SDGs):** The report presents SDGs as a means to translate global aspirations into practical actions. It defines universal access as social services, basic infrastructure, and other public goods - including public health services. This focus is welcome from a NCD perspective, as coverage and access to health services for people with NCD remains severely inadequate.
* **Health across sustainable development**: The report emphasises the need to achieve health goals through enabling actions in other sectors including gender equality, education, access to basic infrastructure services, healthy cities and clean air and water. A multi-sectoral approach is imperative to address the growing burden of NCDs.
* **Strong emphasis on the prevention of NCDs**: Public health and wellbeing also depends on healthy life choices by individuals, including healthy diets, physical activity, reduced alcohol and tobacco use. Prevention is the cornerstone of the NCD response thus the emphasis placed upon it is promising.
* **Role of civil society:** Recognises that the next global development agenda must mobilise governments at all levels, as well as civil society and business.

**UN Global Compact Report**

* **Healthy people, successful people**: Recognition of health as a determinant of success and productivity of a workforce, and outlines the need to tackle the broader determinants of communicable and non-communicable diseases.
* **Importance of labour productivity**: The report highlights an overlooked factor during the MDGs - an indicator on labour productivity. Almost half of all deaths caused by NCDs in LMICs occur in people younger than 70 years, and nearly 30% occur in people younger than 60 years, greatly impacting productivity.
* **Role of business**: Emphasises the ability for business/industry to create enabling environments that allow people to live healthy, productive, prosperous lives.

**UN Development Group (UNDG): The Global Conversation Begins**

* **Appetitie for transformative change**: The review of consultations highlights a need for a new development agenda that will be holistic, universal, and provide impetus for sustainable results.
* **Health across sustainable development**: Calls for the future health goals to address social, economic, environmental and political determinants of health. This demonstrates recognition for health as an investment for sustainable development.
* **NCDs a development issue:** The national consultations highlighted that tobacco and harmful alcohol use, poor diets, obesity, and lack of physical activity are increasingly common among the poorest populations.

**1 B) What do you disagree with about the narrative sections, and what do you propose instead?**

**Post-2015 HLP Report**

* **Lack of focus on human development:** The narrative would be strengthened by advocating for *sustainable human development*, not only sustainable development in the context of the environmental dimension*.*
* **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 diseases are currently omitted as a major NCD. The definition of NCDs needs strengthening to align with the World Health Organization (WHO) definition of NCDs.
* **NCDs are framed as an issue for high-income countries only:** There are major issues in the description of 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). 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 as issues exclusively experienced by high-income countries.
* **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 FCTC.
* **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. Improved life expectancy and lower fertility mean that LMICs are experiencing a significant shift in population to an ageing society. More attention needs to be paid to the role of both young and 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.

**UN SDSN Report**

* **Health as a cross-cutting challenge:** The report calls for goals that will encourage policies to curb climate change, ensure sound water management and secure ecosystems as they are cross-cutting challenges. Health must equally be recognised as a cross-cutting challenge, as it affects all four proposed dimensions in the report.
* **Lack of focus on health systems:** For the global NCD response, the narrative should balance both prevention and treatment. Currently the report is weak on the health systems response , including access to essential medicines and technologies, and health workforce for the post-2015 era.
* **Broaden scope of health:** In the health narrative, achieving UHC is positioned as an end goal by 2030. To address the burden of NCDs, UHC should be adopted as a means to an end, not an end to itself. Action on a much broader front beyond the health sector is needed.

**UN Global Compact Report**

* **Benefits of public-private partnerships**: The private sector has a role in supporting implementation of the post-2015 framework. However, the report lacked concrete means by which the private sector will work with governments and civil society to bring about impactful development.
* **Universal Health Coverage (UHC) as an enabler, not a goal**: 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.

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

**2 A) What do you agree with about the goals, targets and indicators and why?**

**Post-2015 HLP Report**

* **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.
* **An outcome-focused health goal:** Goal 4 aims to *“ensure healthy lives”* and includes five national targets. This universal health goal is focused on improving overall health outcomes, drawing upon the success of the health-related MDGs. This goal avoids a disease-specific and siloed approach to health, and through 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.
* **Target to “reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases”:**  NCDs are placed alongside other priority health issues within the post-2015 framework. The target provides a welcome shift in focus from mortality to disability and morbidity, critical for an adequate response to NCDs.
* **Targets on the unfinished business of the current MDGs:** The targets under the health goal address child and maternal death, infectious diseases, and sexual reproductive health rights – all of which share co-morbidities with NCDs.
* **Focus on gender equity:** The HLP report integrates gender equity throughout the framework, in addition to 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.

**UN SDSN Report**

* **Emphasis on a life-course approach to health**: From an NCD perspective, promoting good health and healthy behaviours at all ages is critical.
* **Ambitious NCD target**: Reducing premature deaths (<70 years of age) from NCDs by at least 30% compared with the level in 2015 will impact significantly on overall sustainable human development.
* **Promotion of health-sensitive indicators**: 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.

**UN Global Compact Report**

* **Focus on quality and equitable access to health services**: The target on affordable access to quality treatment and care for all will address a major challenge for NCDs. Access to essential NCD medicines remains unacceptably low worldwide, with large disparities existing between high-income, middle-income, and low-income countries, and within countries.
* **Target to halt the increase of obesity:** Goal 5 in the proposed framework on *good nutrition for all through sustainable food and agricultural system* is very welcome. It includes a target to *“eradicate calorie-deficient hunger and halt the increase of rates of obesity and malnutrition”,* thereby combining both sides of malnutrition.

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

**Post-2015 HLP Report**

* **Draw from the global monitoring framework on NCDs:** The recently-adopted global monitoring framework for NCDs, including the target to reduce preventable deaths from NCDs by 25% by the year 2025, should serve as the technical basis for target and indicator development 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).
* **Present enablers for the health targets and indicators:** Universal health coverage and access (UHC + A) and social determinants of health should be positioned as enablers to achieving the overarching, outcome-focused health goal, and supporting the achievement of health-related targets across the framework.
* **Develop health-sensitive indicators across all dimensions:** In order for the post-2015 framework to tackle the underlying social determinants of health, there needs to be health-sensitive indicators across all dimensionsof the framework. Health-sensitive indicators and a health-in-all policies approach in post-2015 are imperative. There is a wealth of existing health-specific indicators to draw from.
* **Include obesity/overweight target under nutrition goal:** The absence of a target on obesity/overweight is a major shortcoming in the framework. The high-level consultation on food and nutrition security reached consensus on the need to address malnutrition is all its forms. To ensure that the global response to malnutrition is coherent and systematic, post-2015 must 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.

**UN SDSN Report**

* **Need an outcome-focused health goal:** 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.
* **Action beyond the health sector:** The emphasis placed on UHC 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.
* **Balance between prevention and treatment:** To drive progress on the burden of NCDs, the post-2015 framework must include targets and indicators on both prevention and treatment that span both risk-factor exposure and health system responses.

**UN Global Compact Report**

* **Overarching health goal should be a health-outcome focused goal:** UHC as the proposed overarching health goal does not adequately reflect the challenges and opportunities of both global health and population dynamics in the post-2015 era. It does not move health beyond the health sector and encourage a multi-sectoral approach.
* **Develop ambitious targets and indicators for NCDs:** The recently-adopted global monitoring framework for NCDs, including the target to reduce preventable deaths from NCDs by 25% by the year 2025, should serve as the technical basis for target and indicator development on NCDs in post-2015. The proposed target in the report to ‘halt the rise of noncommunicable diseases’ is not feasible.
* **Develop health-sensitive indicators across all dimensions:** This will ensure health-in-all policies (HiAP) approach, and promote action on the social determinants of health.

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| **Report** | **Vision / core dimensions** | **Development “shifts”** | **Framework of goals / targets** | **Health goal** | **Narrative/targets on NCDs** |
| **Report of the UN High-level Panel of Eminent Persons****“*A New Global Partnership: Eradicate Poverty and Transform Economies Through Sustainable Development”*** | **Eradicating extreme poverty by 2030**A *“global, people-centered, planet-sensitive”* agenda Based on principles of: human rights, equality, sustainability | **5 “transformative shifts”:*** Leave no one behind
* Put sustainable development at the core
* Transform economies for jobs and inclusive growth
* Build peace and effective, open, and accountable institutions for all
* Forge a new global partnership
 | **12 global goals and 54 targets** | **Goal 4:** *Ensure healthy lives* | **Proposed target 4(e):** “*Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, and priority non-communicable diseases”***Narrative:** NCDs are described in report as an emerging issue for high-income countries. No reference to tobacco and other major risk factors. Nutrition goal fails to address overweight/obesity.  |
| **Report of the Sustainable Development Solutions Network (SDSN)*****“An Action Agenda for Sustainable Development”***  | **A sustainable development agenda****4 dimensions of SD:*** Economic development
* Social inclusion
* Environmental sustainability
* Good governance (including peace and security)
 | **5 “critical shifts”:*** Feasibility of ending extreme poverty
* Human impacts on the earth
* Technological change
* Inequality and social exclusion
* Difficulties of global governance
 | **10 goals and 30 targets** | **Goal 5:** *Achieve health and wellbeing for all* | **Proposed targets:****5(a)**: “*Ensure universal access to primary healthcare that includes sexual and reproductive healthcare, family planning, routine immunizations, and the prevention and treatment of communicable and* ***non-communicable diseases.”*****5(b):** *“Reduction of preventable mortality from* ***NCDs by 2030****”***5(c): “***Promote* ***healthy diets and physical activity, discourage unhealthy behaviors, such as smoking and excessive alcohol intake****, and track subjective wellbeing and social capital”***Narrative:** Focus on healthy behaviors, reduction in exposure to NCD risk factors. Effective health public policies include tobacco, alcohol taxation, and restricting marketing of food to children.  |
| **Report of the UN Global Compact*****“Corporate Sustainability and the UN post-2015 Development Agenda”***  | **Engaging business to drive development****3 “Core areas:”*** Determining the core of the post-2015 agenda
* How to engage business and investors towards SDGs
* Recommend ways governments can advance inclusive, sustainable markets
 | **Priority areas:*** The Poverty Apex: prosperity and equity
* Human needs and capacity: education, women’s empowerment/gender equality, and health
* The resources triad: Food and agriculture, water and sanitation, and energy and climate
* Enabling environment: Peace and stability, infrastructure and technology, and good governance and human rights
 | **10 goals and 49 targets** | **Goal 4:** *Universal health coverage* | **Proposed health target:** *“Halt the rise in NCDs”***Proposed nutrition target: *“****Eradicate calorie-deficient hunger and halt increase of rates of obesity and of malnutrition”* **Narrative:** Recommends a post-2015 agenda that builds on the MDGs, and tackles a broader set of communicable and non-communicable diseases.  |
| **Preliminary report by the UN Development Group (UNDG)*****“The Global Conversation Begins”***  | **Priorities:*** Balanced, holistic
* Universal
* Ensure real results, realise human rights and use technology to engage people
 | N/A | N/A | N/AConsultations reveal need to focus on communicable and NCDs | **Narrative:** Rise in exposure to NCD risk factors threatens poorest, most vulnerable populations. Health, including NCDs, tied to climate change and resulting food and water instability. Additional focus on the rights of those with disabilities/impairments.  |