The NCD Alliance

Putting non-communicable diseases on the global agenda

European Commission Public Consultation: Towards a Post-2015 Development Framework
NCD Alliance Submission

1. The Millennium Development Goals (MDGs): Benefits and Limitations

a. To what extent has the MDG framework influenced policies in the country/ies or sectors you work in/with?

The NCD Alliance (NCDA) was founded by four international NGO federations representing the four major Non-communicable Diseases (NCDs) – cancer, cardiovascular disease, chronic respiratory disease, and diabetes – and unites a network of 1,000 member associations and a further 1,000 civil society organisations in more than 170 countries. As an alliance that is influential on the global health and development stage and is grounded in the work of our national member associations, NCDA recognises the importance of the MDG framework in keeping health at the top of the global development agenda and driving progress in health in low- and middle-income countries (LMICs). However, while the MDGs have undoubtedly driven progress in health in LMICs, the absence of NCDs in the MDG framework and the narrow interpretation of the MDGs by donors and countries, have resulted in a disease-specific, vertical, and siloed approach to heath. Impressive gains have been made in certain diseases at the expense of others, and LMICs are now faced with distorted health systems that are ill-equipped to respond to the NCD burden and people with multiple conditions.

NCDs are the leading cause of morbidity and mortality, accounting for two out of three deaths and half of all disability worldwide.[1] 80% of NCD deaths are occurring in low- and middle-income countries (LMICs), exacting a heavy and growing toll on both physical health and economic security. NCDs perpetuate and entrench poverty within households and increase inequalities within populations. Out of pocket payments for NCD treatment and care can trap poor households in cycles of catastrophic expenditure, impoverishment, and illness, particularly in LMICs that lack social and health insurance. NCDs diminish household earnings and hinder a family's ability to provide for and educate children. NCDs affect all areas of human and economic development and are threatening progress towards the achievement of the MDGs.

This has led to NCDs remaining severely under-prioritised and under-funded as a health issue at the global and national level over the last decade. While Development Assistance for Health (DAH) has grown over the past decade, multiple analyses show that it is not being allocated in relation to the burden of disease. Although NCDs account for 60% of the global burden of diabetes, they receive less than 3% of the $22 billion spent on Official Development Assistance (ODA) for health is allocated to NCDs.[2] This skewed funding of ODA has led to vertical disease-specific programmes in LMICs and distorted health systems that focus on acute care and respond to immediate needs, rather than taking a more preventative, comprehensive and holistic approach to health. National policies on essential medicines and technologies have been similarly influenced by priorities in the MDGs, with a severe lack of adequate access and high cost of essential NCD medicines and technologies in many countries increasing morbidity and mortality and costs of care pushing families into poverty due to disability and out-of-pocket payments.

[1] Beaglehole R, et al. UN High-level Meeting on Non-communicable Diseases: addressing four questions. The Lancet. 13 June 2011

[2] Nugent R, Feigl A: Where Have All the Donors Gone? Scarce Donor Funding for Non- Communicable Diseases. CGD Working Paper 228. Washington, Center for Global Development, 2010

The influence of the MDGs on global and national health policy is clear. Therefore defining the next iteration of the global development framework is an important opportunity to realign priorities with the epidemiological trends in LMICs and globally. The poverty and development context has changed dramatically in the past two decades, and UN Member States are in consensus that one of the major challenges to development is the growing epidemic of NCDs. The UN High-Level Meeting on NCDs in September 2011, coupled with the unanimous adoption of the Political Declaration on the Prevention and Control of NCDs[3], provide the clear political mandate for the inclusion of NCDs in the post-2015 development framework.

b. What features and elements of the MDG framework have been particularly valuable in the fight against poverty?

The MDG framework has been valuable in setting a global agenda for development. The MDGs themselves are clear and concise. They are simple and have narrative power with eight goals that provide a clear vision toward universal poverty eradication. They are intuitively understood and easily communicated to a general audience.

The MDGs raised awareness and built a constituency for development, reflected by increases in aid pledges, the growth of broader campaigns such as 'Make Poverty History', greater political priority for poverty reduction in developing countries, and the development of popular movements against poverty in many countries.

The MDG framework overall improved monitoring in development. Increasing national capacity, particularly around statistics, has been cited as one of the foremost achievements of the MDGs. Through the strengthening of data collection, a clearer picture was formulated on the state of development in countries. It has been an important tool to assess the successes and drawbacks of the MDG initiatives.

The MDG framework focused on human development and recognised the centrality of health to human development, with three of the eight goals directly related to health. This vision must continue through to post-2015, but the definition and scope of health must be realigned to reflect the current epidemiological trends in LMICs, particularly the accelerating epidemic of NCDs.

c. What features and elements of the MDG framework have been problematic, in your view?

Many lessons – both positive and negative – can be learnt from the process by which the MDGs were developed. The MDGs were reportedly developed by a small elite behind closed doors, and without developing country participation or engagement with other stakeholders. This arguably led to a development framework that is largely donor-driven and pays scant attention to the national and local context. The process by which the post-2015 development framework is developed must be more inclusive, fully engaging both hemispheres and all stakeholders, including civil society.

While the MDGs can be credited for being clear and concise, a weakness is that they overlooked a number of important development issues. They fail to capture the broader dynamic of development in the Millennium Declaration – including human rights, environment, democracy and governance. Also, not one of the eight MDGs and 48 indicators mentions the conditions causing the most death and disability: Non-communicable Diseases. This omission of NCDs from the global health and development agenda has been a stumbling block to the eradication of poverty at the individual level, a significant barrier to economic productivity and development at the national level, and a serious threat to the achievement of all MDGs.

[3] A/66/L.1 *Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*. Sept 2011

One of the weaknesses of the MDGs is the way they have been interpreted by donors and the limited consideration of the "means" to drive development. Whilst there is certainly no global blueprint and too much prescription should be avoided to protect national ownership, the MDG framework provided little guidance to countries and donors on how to interpret and implement the goals at the policy-level. For the health sector this arguably contributed to fragmentation and inefficiency, with countries and donors interpreting the MDGs literally as a shopping list. The MDGs were meant to be taken seriously but not literally; they were not meant to be an exclusive list where only the diseases mentioned in the MDGs should receive funding. However this has been the case – because NCDs do not feature explicitly in the MDGs, many governments and donors have not funded these four diseases as a matter of policy.

This narrow interpretation of the MDG framework has therefore driven a vertical approach to health on the ground, with mostly disease-specific programs developed and funded. As a consequence, health systems in LMICs are often distorted, oriented towards acute care and remain weak in their capacity to respond to the double burden of infectious and chronic diseases evident in LMICs. It is not an option to focus on diseases such HIV/AIDS, TB and malaria now, and then deal with NCDs later. To truly begin to reduce poverty, both infectious and NCDs must be addressed simultaneously. This makes economic sense and is based on the principle that the health system should treat the whole person, often with multiple conditions, and not compartmentalize treatment by disease.

d. In your view, what are the main gaps, if any, in the MDG framework?

The omission of NCDs as a threat to global health, wellbeing and development is a critical gap in the MDG framework. NCDs are linked to and affected by all aspects of human development, including poverty, gender equity, and other health issues such as infectious diseases and maternal health. NCDs also share many risks and solutions with sustainable development issues such as climate change, urbanization, food security, clean energy, and water and sanitation. Below is a summary of the linkages between NCDs and development priorities in the current MDG framework:

- **MDG 1: Poverty -** A reduction of adult NCD mortality promotes poverty reduction,[4] and subsidized NCD care reduces impoverishment.[5]
- **MDG 3: Gender Equality -** NCDs are the leading cause of death in women in most countries. Addressing NCDs promotes women's health and increases opportunities and promotes empowerment for women and girls.
- **MDG 4+5: Maternal and Child Health** - Poor maternal health and malnutrition, both during gestation and during the first 1000 days of a child's life, increase the risk of NCDs (particularly diabetes and cardiovascular disease) in future generations. Certain NCDs (gestational diabetes) if undiagnosed can be life-threatening maternal health issues.
- **MDG 6: Infectious diseases -** NCDs are strongly linked with infectious diseases, including HPV causing some cervical cancer; tobacco use increasing the risk of TB and diabetes increasing new cases of TB;[6] and people living with HIV/AIDS often having high rates of NCDs, particularly cardiovascular disease for those patients on ART.[7]

[4] Stuckler D, Basu S, McKee M. *Drivers of inequality in Millennium Development Goal progress: a statistical analysis,* PLoS Med 7(3):e1000241. doi:10.1371/journal.pmed.1000241

[5] Shi W, Chongsuvivatwong V, Geater A, et al. *Effect of household and village characteristics on financial catastrophe and impoverishment due to health care spending in western and central rural China: a multilevel analysis.* Health Res Policy Syst 2011; **9:** 16.

[6] Creswell J, Raviglione M, Ottmani S, et al. *Tuberculosis and noncommunicable diseases: neglected links and missed opportunities.* Eur Respir J 2011; **37:** 1269–82.

[7] Blanco F, San Román J, Vispo E, et al. *Management of metabolic complications and cardiovascular risk in HIV-infected patients*. AIDS Rev 2010; **12:** 231–41.

Due to these links, it is clear that omitting NCDs threatens progress across the entire MDG framework. Furthermore, highlighting the links between development issues emphasises that the MDG framework did not accommodate for or facilitate action across issues.

Additionally, due to the disease-specific focus of the MDG framework, there has been an overall lack of focus on universal health coverage and health systems strengthening. As UN Secretary General Ban Ki-moon has stated, "success will come when we focus our attention and resources on people, not their illness; on health, not disease".[8] The importance of a comprehensive well-functioning health system to deliver prevention and care to people with all diseases, bringing together a trained workforce with appropriate skills, affordable technologies, reliable supplies of medicines and technologies, referral systems and empowerment of people for self-care is now well recognised. However the MDG framework did not drive significant progress in the building blocks of a holistic and comprehensive health system that responds to both infectious and non-communicable diseases.

2. Feasibility of a future framework

a. In your view, in what way, if at all, could a future framework have an impact at global level in terms of global governance, consensus building, cooperation, etc.?

The landscape for international cooperation has changed dramatically in the last twenty years in terms of global governance and consensus building. The landscape now boasts many more international actors and political blocs with competing priorities; and a cluttered global health and development architecture that pose many challenges for consensus building and international cooperation.

Within this context, the future development framework must retain its function as a clear and concise roadmap for international development, which can be adapted to the various regions and countries. To reach meaningful consensus, the post-2015 consultations must engage all stakeholders, from governments to civil society and particularly increase the participation voices of the global south.

The different processes and strands of global governance underway to determine the future framework must merge so that there is full consensus and compliance in its implementation. The post-2015 discussions, the process of formulating the Sustainable Development Goals, and the Busan Global Development Partnership should run along a parallel course. Countries need to realise their progress is dependent on cooperation on addressing issues such as human rights, equality and sustainability. Even with the lack of governance and consensus building at the global level, real progress has been made at regional and national levels, which the future framework should bear in mind.

b. To what extent is a global development framework approach necessary or useful to improve accountability with regard to poverty reduction policies in developing countries?

A global development framework is critical for accountability. The MDGs and their monitoring framework have been important in encouraging governments to drive progress in health and development, and in improving monitoring and data collection.

The future development framework must have a strong monitoring framework to increase accountability. The monitoring framework can build on the existing MDG monitoring framework, and draw from many lessons from other monitoring frameworks such as the Commission on Information and Accountability for Women and Children's Health and the HIV/AIDS monitoring framework. The post-2015 monitoring agenda must have synergies with these existing and recently developed

[8] United Nations, Global Strategy for Women's and Children's Health, 2010

frameworks, including the forthcoming global monitoring framework for NCDs and the first ever global NCD targets which will finalised by the end of 2012.

c. What could be the advantages and disadvantages of a global development framework for your organisation/sector, including how you work effectively with your partners?

A global development framework would ensure progress made to date on the MDGs is continued and provide a new global agenda for the international community to unite behind. It would catalyse action on priority issues and encourage further international cooperation, as well as ensure accountability of governments and donors in development.

With the inclusion of NCDs in a global development framework, it would enable NCDA and the global NCD community to continue momentum of the UN High Level Meeting on NCD prevention and control. At the global level, it would garner the attention NCDs require from governments and donors, increase global resources and accountability for progress on NCDs, and accelerate action on prevention and control. From a national level, a global development framework would provide guidance to governments on development priorities and provide civil society with a powerful advocacy tool to hold their governments accountable. With the inclusion of NCDs in the future framework, it would provide NCDA's member associations, and our wider network in LMICs, the political leverage to increase attention, resources, and programmes for NCDs.

3. The potential scope of a future agenda

a. In your view, what should be the primary purpose of a future framework?

First and foremost, the post-2015 development framework must safeguard progress made on the MDGs and drive sustainable and equitable development. To do this, health must continue to be at the heart of the framework. The MDGs recognised the centrality of health to human development, with three of the eight goals directly related to health. This vision must continue post-2015 and should be predicated on the assertion in the Rio+20 *The Future We Want* Outcomes Document that *"health is a precondition for, an outcome of and an indicator of all three dimensions of sustainable development".*

b. In your view, should its scope be global, relevant for all countries?

Yes, the future agenda should be globally relevant, with goals and indicators that are adaptable for national contexts. The future agenda must avoid a one-size fits all framework.

The formulation of Sustainable Development Goals (SDGs) will be applicable for all countries, thus the future development framework should ensure that it is similar since these two processes will likely feed into each other.

c. To what extent should a future framework focus on the poorest and most fragile countries, or also address development objectives relevant in other countries?

The future framework should be underpinned by three principles of the Millennium Declaration- human rights, equality and sustainability. Under these three principles, it must allow for the participation of all countries since it is global prescription for development. The ultimate objective should be to reduce inequality within and between countries toward improved human development – achievements that would be enabled through the development of a universally applicable development framework.

d. How could a new development agenda involve new actors, including the private sector and emerging donors?

The challenges of ill health and poverty are so complex and resource intensive that governments and other stakeholders cannot tackle them on their own. Because of this, the global health landscape has changed markedly and sources of funding have diversified greatly. New donors have emerged, including from the BRICS, public-private partnerships (PPPs) have proliferated, and global funding mechanisms and innovative financing mechanisms have been established. Now the private sector is a major funder of global health initiatives and global health partnerships have become a fixture, offering new mechanisms to leverage resources and expertise to bear on global health challenges like NCDs. With certain parameters and safeguards in place, it has been shown that harnessing the capabilities and resources of the private sector is integral to driving progress in HIV/AIDS, TB, Malaria and maternal and newborn child health. The Global Fund, GAVI, PMNCH are just some examples of effective PPPs in global health.

Given the NCD burden is so large and the cost of development challenges remains so overwhelming, it is essential the post-2015 development framework engages new actors and donors. No single sector or actor can solve these challenges alone. However, due to the potential for conflicts of interest when engaging with the private sector in pursuit of public health goals, there may need to be clear partnership parameters, ethical frameworks and a code of conduct.

e. How could a future framework support improved policy coherence for development (PCD), at global, EU and country levels?

Policy coherence for development is essential to achieve any of the objectives of the future global development agenda. Non-aid policies can assist countries to develop the necessary responses to the issues affecting them the most. Policy coherence for development explores ways to ensure that government policies are mutually supportive of the countries' development goals. The synergy between aid and non-aid development policy objectives is a prescription NCDA would support since to prevent and control NCDs requires a multisectoral response. PCD targets sectors that are not traditionally aid driven which are important for the response to NCDs.

A future framework must build on and promote existing international and regional, e.g. EU, regulations or policy declarations that aim to prevent avoidable death and disease. Examples are the WHO Framework Convention on Tobacco Control (FCTC). Conversely, regions like Europe need to set an example in adopting progressive policies on tobacco, and the marketing of foods high in fat, salt and sugar, and alcohol.

f. How could a new framework improve development financing?

The new development framework could expand on MDG 8 and make development financing more predictable and accountable.

The principles of the Paris Declaration of Aid Effectiveness (2005) and the Accra Agenda for Action (2008), to which all bilateral agencies and donor countries are signatories, should be maintained throughout the post-2015 process. The Paris Declaration is a key point of reference for improvements in aid. It is founded on five core principles: aid recipients in the development community need to draft their own national development strategies (ownership); donors need to support these strategies (alignment), and to work to streamline their efforts in-country (harmonisation); development policies need to have clear goals and progress towards these goals needs to be monitored (results); and donors and recipients alike need to be jointly responsible for achieving these goals (mutual accountability).[9]

In the context of post-2015 and the global financial crisis, greater accountability and effectiveness of aid for health must be a priority. The principles of the Paris Declaration have been undermined during

[9] OECD, The Paris Declaration on Aid Effectiveness, Paris, 2005

the MDG era, by bilateral aid agencies not responding to requests for financial, human and technical resources for NCDs from recipient countries. As evidenced by a recent WHO Analysis of Country Cooperation Strategies, prevention and control of NCDs has been prioritised as of the highest concern at national level in 136 countries - most of them LMICs. Yet less than 3% of ODA for health has been allocated to NCDs. Donors must keep to their commitments in the Paris Declaration and align their aid to the priorities of recipient countries.

Furthermore, the way that ODA for health and development is reported, monitored and tracked needs to be improved. The standard source for data on ODA is the OECD Creditor Reporter System (CRS) database maintained by the OECD DAC. However, the way that ODA for health is reported and monitored creates difficulties in tracking expenditure on NCDs. OECD tracks health ODA with broad categories such as 'basic health' and 'health systems'. Insufficient detail on project titles and descriptions under these categories does not allow analysis of aid expenditure on NCDs. Furthermore, while there are disease-specific markers for HIV/AIDS, TB, Malaria, and reproductive health, there is not one for NCDs. The current OECD/DAC reporting system needs to be expanded to include markers that reflect the changing global health and development landscape. More specificity in what donors are funding, and by how much, will allow for greater scrutiny and ensure that donors are fulfilling their commitments to aid recipient countries.

With new donors emerging, there is a greater challenge in monitoring development assistance since they are not part of the OECD/DAC. Thus there must be a monitoring framework in place to able to track how aid assistance is distributed and for what. The OECD would be best suited to integrating emerging donors in its already established framework and then improving on it as stated above.

4. The potential shape of a future agenda

a. What do you consider to be the "top 3" most important features or elements which should be *included* in or ensured by any future development agenda?

- For the post-2015 development framework to safeguard progress made on the MDGs and drive sustainable and equitable development, health must continue to be at the heart of the framework. As the Rio+20 *The Future We Want* Outcomes Document asserts, *"health is a precondition for, an outcome of and an indicator of, all three dimensions of sustainable development".*
- An overarching focus on health within post-2015 should be on preventable morbidity and mortality, with a selection of specific health-related global and targets that would include NCDs. The inclusion of NCDs is justified and validated. The evidence of changing demographics and shifting disease burdens in LMICs is clear, the UN Political Declaration on NCDs provides the political mandate and lists cost-effective interventions to prevent and control NCDs, and a process is currently underway to define global NCD targets that the post-2015 development framework can draw upon.
- As well as health-related targets, the post-2015 development framework would benefit from health indicators across all dimensions. Key measurements of health can help track advancements in sustainable development, identify barriers and highlight inequities. This was emphasised at Rio+20 and there is a wealth of existing health-specific indicators to draw from, including from a recent WHO expert consultation on health indicators for sustainable development.

b. What do you consider to be the "top 3" features or elements which must be *avoided* in any future development agenda?

- A process to define the post-2015 development framework that is closed and donor-driven. The process for post-2015 must be inclusive and engage a range of stakeholders, including civil society.

- A disproportionate focus on economic development, over holistic human development. The MDG framework's focus on health must continue through to post-2015 as there remains much unfinished business in global health, particularly in terms of sidelined issues such as NCDs.
- Development goals that do not account for or measure inequalities within countries or that fail to consider national baselines at the beginning of the monitoring period.

c. Should it be based on goals, targets and indicators? If any, should goals have an outcome or sector focus? Please give reasons for your answer.

NCDA recognises the value in the post-2015 development framework of including concise and clear goals. The selection of goals and targets needs to be succinct and concise. The structure needs to avoid hierarchies that place one health challenge above another, for example, and the targets need to be intuitively understood and easily communicated to attract popular support.

As the UN Task Team (UNTT) Report on post-2015 to the UN Secretary General "*Realizing the Future We Want for All*"[10] recommends, we support the formulation of these goals built around four core dimensions: inclusive social development; environmental sustainability; inclusive economic development; and peace and security. While health and NCDs intersects with all dimensions of development, the rightful place for health within post-2015 is within the social development dimension.

The UNTT Report recommends an overarching health goal framed to reinforce health as a global concern for all countries and attract political leadership. In principle this could be beneficial, with reducing preventable morbidity and mortality as an appropriate formulation. The MDGs' focus on outcomes has been a major strength and this overarching goal would be measurable. But, in practice, by having an overarching goal should not be interpreted as collapsing the health goals and thereby minimising the position of health within post-2015.

To underpin this broader vision of reducing premature morbidity and mortality, there needs to be a selection of disease- or health sector-specific goals. The health goals and targets need to be based upon the relative burden of disease, measurable and feasible, a combination of relative and absolute benchmarks, able to accommodate differentiating national circumstances, and politically appealing. Where possible, the targets should dovetail with, and support progress toward, existing commitments and goals adopted by Member States via UN declarations or resolutions.

Based upon these criteria, the inclusion of NCDs is justified and fully validated. The evidence of changing demographics and shifting disease burdens in LMCs is clear. Feasible and cost-effective interventions that yield measurable outcomes exist. And, the UN MDG Declaration "Keeping the Promise" (2010), UN Political Declaration on NCD Prevention and Control (2011), and Rio+20 Outcome Document (2012) provide the political mandate for inclusion in the post-2015 framework.

d. How should implementation of the new framework be resourced?

Given the economic strain in many countries, the new framework should explore sustainable and innovative financing mechanisms and harness new funding sources. This would include increasing PPPs and revenue collection through excess taxation, particularly in terms of NCD funding. Donor countries need to keep to their commitments of reaching 0.7% of gross national income for ODA, and as mentioned in point 3f above, keep to their commitments made in the Paris Declaration on Aid Effectiveness.

[10] United Nations, "Realizing the Future We Want for All: Report to the Secretary General", New York, June 2012

e. If a positive decision is taken to formulate a post-2015 development framework, what should it look like? The options include:

- **Continuing the existing MDG framework *without* changing the goals, targets, indicators and instruments, but setting a new time-line;**
    - Given that the poverty and development context has changed dramatically in the past two decades, the post-2015 development framework needs to be updated to reflect this new landscape. The omission of NCDs and the consequences of a narrow, disease-specific approach to health as discussed above must be addressed in post-2015. Therefore NCDA strongly recommends against this option.
- **Continuing on from the existing MDG framework but *with* new goals, targets, indicators and instruments;**

  NCDA fully support this approach and recommends the formulation as described in point 4c. above

g. When defining the shape of any future framework, many decisions will need to be taken, including:

The greatest challenge for the global health community in the post-2015 development agenda will be defining a framework that catalyses a holistic approach and better accommodates the synergies between diseases and between dimensions, but with a well-defined placement in the development framework to afford focus and definition. Health goals in the post-2015 framework must seek to improve access to care and overall health system strengthening in addition to reducing specific disease and condition incidence, all while addressing the underlying factors that drive alterations in morbidity and mortality rates. Investment in the health sector predicated on development goals should not be at the expense of other development priorities, and vice versa.

A selection of disease-specific goals will be required at the top level, including those that address NCDs specifically, underpinned by a set of enablers that go beyond the initial set outlined in the UNTT report. Building on the lessons of the MDGs and in consideration of the new priorities for global health and development, the post-2015 framework must be designed so as to drive progress on prevention, treatment and care for all people, in support of inclusive social development toward healthy human development worldwide.