

**Briefing for the High-Level Dialogue on Health in Post-2015
Non-Communicable Disease (NCDs), Global Health and Development
27 February 2013**

Background

As the end date of the Millennium Development Goals (MDGs) draws near, the UN has established a participatory process to define the post-2015 development agenda. The global thematic consultation on health is one of 11 thematic consultations currently underway, coordinated by WHO and UNICEF and with support of the Governments of Botswana and Norway. It will provide critical inputs on the priorities, including possible overarching goals and targets, for health in post-2015. The consultation has included a series of stakeholder meetings and two online consultations, and will culminate in the High-Level Dialogue on 5-6 March 2013 in Botswana.

Ahead of the High-Level Dialogue, WHO released a draft synthesis report on the position of health in post-2015. It reflects the outcomes of the consultations to date, and provides the basis for discussions at the high-level dialogue. The draft report recognised **health as a beneficiary of development, a contributor to development, and a key indicator** of people-centred, rights-based, and equitable development. It addresses **NCDs as an emerging health priority for the post-2015 agenda**, and places a greater emphasis on public health, health promotion, behaviour change, and disease prevention. It aligns with the view that the post-2015 framework needs to ensure **that people are the priority in global health, not diseases**.

This NCD Alliance Briefing aims to support NCD advocates present at the High-Level Dialogue in Botswana, to ensure the NCD perspective is fully represented during discussions.

NCD Alliance Key Messages

The current Millennium Development Goals – lessons learnt from a health and NCD perspective

- While the MDGs succeeded in recognizing **the centrality of health to human development**, with three of the eight goals directly related to improving health outcomes, **they failed to include NCDs**.
- **The omission of NCDs as a threat to global health, well-being, and development was 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.
- The literal interpretation by donors of the current MDGs has led to **heavily skewed allocation of official development assistance (ODA) spent on health**. While NCDs account for 60% of the global burden of disease, they have received just 3% of the \$22 billion of ODA spent on health.
- While the MDGs have 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 health which should be avoided at all costs in post-2015**.

Health in the post-2015 development framework - guiding principles

- To safeguard progress made on the MDGs and drive sustainable and equitable development, **health must remain at the heart of the post-2015 framework**. The priorities and definition of health in post-2015 must shift to reflect current and emerging burden of disease– including NCDs.
- Linkages between health and development **should be much clearer and more visible in all dimensions of the post-2015 framework**. This is especially important for NCDs, as **they are both caused and affected by social, economic, and environmental development**.

- A priority must be placed on disability (of which NCDs cause 54% of disability-adjusted life years worldwide); and the transformation of health systems to respond to people with multiple morbidities and the provision of person-centred prevention, acute and chronic health care.
- Greater emphasis is needed on a life-course approach as a guiding principle to health in post-development, in order to drive **action on early childhood exposures and healthy ageing**.

Health in the post-2015 development framework - goals, indicators and targets

- It is **critical the overarching health goal is framed to reinforce health as a global concern for all countries, but still applicable at the national level and accommodating of different national situations**.
- An overarching goal must encompass **mortality, morbidity and disability**; facilitate action on the social determinants of health; and include disaggregated data to address equity dimensions.
- The **overarching health goal of maximising healthy life expectancy** must be able to measure the well-being and happiness of an individual. **As a metric measurement, a target of years of healthy life lost before aged 70 will be able to address both disability as well as mortality**.
- The proposal for **Universal Health Coverage (UHC) as an enabler** or a means to achieving the healthy life expectancy goal is supported. UHC should be defined in broad terms to include access to health services (not health care services), ranging from prevention, promotion, treatment and rehabilitation. **However as NCD prevention requires more than access to personal services, UHC alone will not sufficiently address NCDs in post-2015**. It is therefore critical that health-sensitive indicators are included across other dimensions such as environmental and economic development.
- To underpin the overarching health goal of maximising healthy life expectancy, **there needs to be a selection of disease and health sector-specific targets**. Since NCDs are a major contributor to ill health, the post-2015 development agenda should include **measurable targets for the prevention and control of NCDs, that lead to the achievements of the global goal of a 25% reduction in relative mortality from NCDs by 2025**
- The NCD targets and indicators under the health goal should explicitly link to **the agreed global monitoring framework on the prevention and control of NCDs**, including nine global voluntary targets and 25 indicators (to be adopted at the 66th World Health Assembly in May 2013).
- As well as a stand-alone target on NCDs, **health and NCDs must be integrated across all dimensions of the post-2015 framework**. NCDs are a multisectoral issue. Therefore, an understanding of how improvements in NCD prevention and control impact upon poverty reduction and economic development, social development, and environmental sustainability needs to be evident in framework. For example, indicators could include “prevalence of stunting in children under five years” under nutrition goals/target; “proportion of urban population living in slums” and “burden of air pollution-related diseases and injuries” under environment development goals/targets; “proportion of unhealthy/healthy population below \$1 (PPP) per day” under economic development goals/targets.
- Collaborative partnerships between the public sector, private sector and civil society with ethical safeguards in place can **accelerate progress, drive innovative solutions with sustainable resourcing that go beyond the traditional donor-recipient paradigm**, and promote mutual accountability and responsibility in achieving health-related goals.

Annexes

- **Annex 1:** Summary of the WHO Synthesis Report on Health in Post-2015
- **Annex 2:** Summary of the Global Thematic Consultation on Health Process

The NCD Alliance was founded by:



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Diabetes
Federation



International Union Against
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Health solutions for the poor



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Annex 1: Summary of the WHO Synthesis Report on Health in Post-2015

Health in Post-2015

- Recognises that health is a **beneficiary of development, a contributor to development**, and a key indicator of what people-centred, rights-based and equitable development seeks to achieve.
- Health goals in the new development agenda need to be broader and more holistic to ensure that **people are the priority in global health, not the disease**.
- Recognizes that **“health is wealth,”** whereby a healthy population can improve national economic productivity and capacity.
- Suggests a **two-pronged approach to health** which tackles 1) the underlying determinants that cause or contribute to ill health and 2) creates health systems that are proactive, preventive, and can provide continuing care and on-going management for all health issues.
- Identifies accountability through multisectoral partnerships as the **cornerstone of action in future global health**.

Health and the MDGs

- Broad agreement that having three out of eight goals directly related to **improving health outcomes has raised the profile of global health** to the highest political level, increased development assistance for health and improved health outcomes in low- and middle-income countries.
- Clear, concise goals with measurable targets and specific indicators are one of the greatest strengths of the MDGs.
- The focus on particular diseases and targets has led to the **neglect of overarching issues**, such as health system strengthening, health promotion and disease prevention, and the underlying determinants of health.

Emerging Issues- NCDs:

- The post-2015 development agenda offers a **unique opportunity to focus attention on NCDs alongside the MDGs** and to harness new resources needed to address all health challenges.
- It recognises **NCDs as an emerging issue in LMICs given their epidemiological trends** and attributes the rise and causes of NCDs to complex global patterns of urbanisation, globalisation, and economic development which increase exposure to the leading NCD risk factors: tobacco and alcohol consumption, unhealthy diets and physical inactivity.
- To address NCDs and other emerging issues in the post-2015 development framework, the report suggests a **greater emphasis should be placed on public health, health promotion, behaviour change, and disease prevention**, with resources directed to addressing risk factors and creating the conditions for good health.

Recommendations on Goals and Indicators:

- The report recommends **maximising healthy life expectancy as a possible overarching health goal**, since it will address the need for action on the determinants of health and on the root causes of ill-health, preventable disability, and premature death. Indicators could measure improved survival, reduced burden of disease, and lower levels of risk factor exposure.
- It views **Universal Health Coverage (UHC) as one of the means to enable the achievement of healthier life expectancy**, by bringing equity and fairness as well as the need for an integrated approach in the provision of health services. Indicators would measure coverage of essential services, increased equity and financial risk protection, and the strengthening of health systems.
- Acknowledges the importance of a **‘Health in All Policies’ approach** thus **suggests health indicators be used to measure the impact other goals have on health** (such as migration, education, water and sanitation, gender equality, youth empowerment and employment, environmental sustainability, population dynamics, and good governance).

Annex 2: Summary of the Global Thematic Consultation on Health Process

Of the eleven global thematic consultations, the health consultation is our foremost priority. Key actors in this consultation include Anders Nordstrom, Ambassador for Global Health in the Swedish Ministry of Foreign Affairs, and Joy Phumaphi, former Minister of Health in Botswana. The different elements of the consultation are:

- **UN Task Team Report:** In July 2012, the UN Task Team- comprised of members representing the entire UN system- released their report on priorities for the post-2015 development agenda. *Realizing the Future We Want For All* takes into consideration the content and efficacy of the Millennium Development Goals, and priorities that have emerged since then for consideration in determining the post-2015 framework. This report recognizes the importance of investing in social development issues to support overall human development, and specifically maternal and child health, sexual and reproductive health, NCDs, infectious diseases, adequate nutrition, universal coverage, and access to medicines.
- **WHO/UNICEF Consultation and Synthesis Report:** WHO has issued a call for papers on health in the post-2015 framework from October-December 2012. The consultation was open to NGOs and the private sector, and NCDCA submitted a response. Based on these contributions, a draft summary report of the health position was then posted by WHO in February 2013 and was open to comments until 19 February. A final report will be submitted to the UN High-Level Meeting in Botswana with recommendations on health priorities in post-2015 landscape, and specific propositions on overarching health goals, targets and indicators.
- **Civil Society Consultations:** Beyond 2015, a civil society coalition, is providing a platform for civil society to contribute to the thematic consultations. For health, this includes developing a coordinated civil society position paper. The NGO Medicus Mundi International Network (MMI) is coordinating this on behalf of Beyond 2015, and the NCD Alliance was part of the drafting team. A number of civil society consultation meetings were held between November 2012 and March 2013 in Tanzania, Russia, Guatemala and India.
- **High-Level Dialogues:** A High-Level Dialogue will be held in Botswana from the 5-6 March 2013, involving all sectors - UN agencies, governments, NGOs and the private sector to address the input from the WHO consultation and discuss the priorities of health in the new development agenda. This is the culmination of the above-mentioned processes.
- **Recommendations to the UN-High-Level Panel:** Based on input gathered from all of the processes, recommendations on health in post-2015 will then be submitted to the High-Level Panel in March 2013 to inform their report due in May 2013, for discussion at the MDG review summit in September 2013 and by Member States during the intergovernmental negotiations on the post-2015 framework to follow.