



HEALTHY PLANET, HEALTHY PEOPLE:

THE NCD ALLIANCE VISION FOR HEALTH IN THE POST-2015 DEVELOPMENT AGENDA

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

EXECUTIVE SUMMARY

In 2000, world leaders signed the Millennium Declaration and committed to achieve a set of eight international development goals – the Millennium Development Goals (MDGs) – by 2015. With three of the eight goals directly related to improving health outcomes (MDGs 4, 5, and 6), the MDGs are rightfully acknowledged as having contributed to the widespread understanding that health is central to human development.

Now, with the expiry date of the current MDGs fast approaching, the global health community has a unique opportunity to shape the framework and priorities for the successor development agenda. Collectively we must ensure that health remains at the heart of the future development agenda, with a framework that accelerates progress towards achieving the current MDGs while fully addressing new health priorities – most notably non-communicable diseases – to realise the vision for a healthy future for all.

Non-communicable diseases (NCDs) – mainly cancer, cardiovascular disease, chronic respiratory diseases, and diabetes – are a major challenge to health and development in the 21st century. They are the leading cause of death and disability worldwide, exacting a heavy and growing toll on the physical health and economic security of all countries, particularly low- and middle-income countries (LMICs). Driven in large part by widespread exposure to four common modifiable risk factors – tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol – these conditions perpetuate and entrench poverty within households and communities, and increase inequalities within and between countries.

This policy brief sets out the NCD Alliance's vision for NCDs and health more broadly in the post-2015 development agenda. It provides an analysis of the MDGs from a health perspective; the rationale for the inclusion of NCDs; a proposed framework for health in post-2015, including goals, targets, and indicators; and key elements of the broader enabling environment for the post-2015 era. In summary, the NCD Alliance proposes the following framework for health in the post-2015 development agenda:

- **Vision for post-2015: “Healthy planet, healthy people”**
Post-2015 must be built on an ambitious and clear vision to galvanise political action and popular support. It should be founded upon sustainable development and articulated as “*healthy planet, healthy people*”. This vision places people and health firmly at the centre; is universally relevant; and critically, is easily understandable for the general public.
- **Overarching health goal: “Maximising healthy lives at all stages of life”**
To capture the health dimension of sustainable development and reinforce health as a global concern, an overarching health goal of “maximising healthy lives at all stages of life” is recommended. Healthy life expectancy (HALE) across the life course is a key indicator of the state of a nation's health. The goal should measure and drive progress in mortality, morbidity and disability at all ages and for all causes. As the health sector is just one contributor to HALE, the goal must inspire multisectoral action.
- **Sub-set of health goals: “Accelerate progress on the health MDG agenda” and “reduce the burden of NCDs”**
To support the achievement of the overarching health goal, a sub-set of MDG-like health goals is necessary. These goals should continue the unfinished business of the health MDGs, and address new global health challenges such as NCDs. Building upon the Global Monitoring Framework on NCDs, the NCD goal should be adapted from the “25 by 25” mortality goal, and drive progress on both prevention and treatment. In the post-2015 era, the linkages across the health goals (co-morbidities and co-benefit solutions) must be leveraged to drive a holistic approach to health.
- **Enablers for health: “Universal health coverage and access” and “social determinants of health”**
The post-2015 framework should provide guidance on the means or “enablers” to achieving the goals. For health, the enablers should relate to both the health sector and the underlying social determinants of health. The two components of universal health coverage and access (UHC+A) – quality health services and financial risk protection – will strengthen health systems towards being proactive, preventative and able to provide integrated care across the life course. A complementary enabler on the social determinants will ensure coordination and coherence across and within a broad range of sectors to tackle the root causes of ill-health.
- **Health-sensitive indicators across other dimensions of post-2015**
Health-sensitive indicators across the social, economic, and environmental dimensions of development are also necessary to inspire multisectoral action and a health-in-all policies approach to post-2015.

SECTION 1: The Millennium Development Goals, Health, and NCDs

The three health-related MDGs (4, 5 and 6) have driven significant progress in global health over the last decade. Other goals, including MDG 3 on gender equality and women's empowerment and MDG 2 on education, have indirectly contributed by creating the enabling environment for health.

To safeguard this progress and to continue to drive sustainable and equitable development, the post-2015 development agenda must retain the strengths of the MDGs and overcome their limitations. Below are the major strengths and weaknesses of the MDGs from an NCD perspective.

The Eight Millennium Development Goals

MDG 1: Eradicate extreme poverty and hunger

MDG 2: Achieve universal primary education

MDG 3: Promote gender equity and empowerment of women

MDG 4: Reduce child mortality

MDG 5: Improve maternal health

MDG 6: Combat HIV/AIDS, malaria and other diseases

MDG 7: Ensure environmental sustainability

MDG 8: Develop a global partnership for development.

Building on the strengths of the MDGs

- **Clarity:** The MDGs are clear and concise, with a narrative power that has generated political will, public awareness, and funding for health and development in LMICs.
- **Centrality of health:** The MDG framework recognised the centrality of health to human development. Investing in health promotes productivity and poverty reduction.
- **Resources and results for health:** Development Assistance for Health (DAH) more than doubled between 2000 and 2010, achieving extraordinary progress in health outcomes. Globally, child mortality has nearly halved, maternal mortality has nearly halved, and new HIV infections have declined by one quarter.¹
- **Improved data collection:** The MDGs have improved health data collection in many LMICs, resulting in a clearer picture of the health challenges and progress made.
- **Accountability:** The MDGs have provided a system for citizens to hold their governments to account on health and development issues, and inspired healthy competition between countries.

Learning from the limitations of the MDGs

- **Omission of NCDs:** The failure to explicitly include NCDs in the MDG framework has prevented the devotion of much-needed attention and resources to NCDs.
- **Donor-led:** Donors have narrowly interpreted the MDGs and ignored requests by recipient countries for technical assistance for NCDs and other health issues not explicitly cited in the MDGs. This undermines the principle of country ownership in the Paris Declaration on Aid Effectiveness.²
- **Vertical approach to health:** The MDGs resulted in a vertical and siloed approach to health, to the detriment of inter-sectoral collaboration and health system strengthening. Many LMIC health systems are now ill-equipped to respond to the double burden of infectious and chronic disease.
- **Slow progress on health indicators:** Less attention has been paid to health indicators attached to other MDGs; e.g. MDG 7(c) on access to safe drinking water and sanitation and MDG 8(e) on access to essential medicines. Access to NCD medicines is unacceptably low in LMICs.³
- **Skewed allocation of resources for health:** DAH allocation has been uneven: NCDs account for 63% of the global burden of disease, but receive less than 3% of the \$22 billion spent on DAH.⁴

SECTION 2: Making the Case for NCDs in Post-2015

The global health and development landscape has changed dramatically in the past two decades. Global trends and patterns of inequality, demography, migration, urbanisation, and consumption and production are creating new and emerging challenges that threaten to undermine development progress. UN Member States are in consensus that one of these major challenges to development is NCDs, including the risk factors driving this global epidemic.

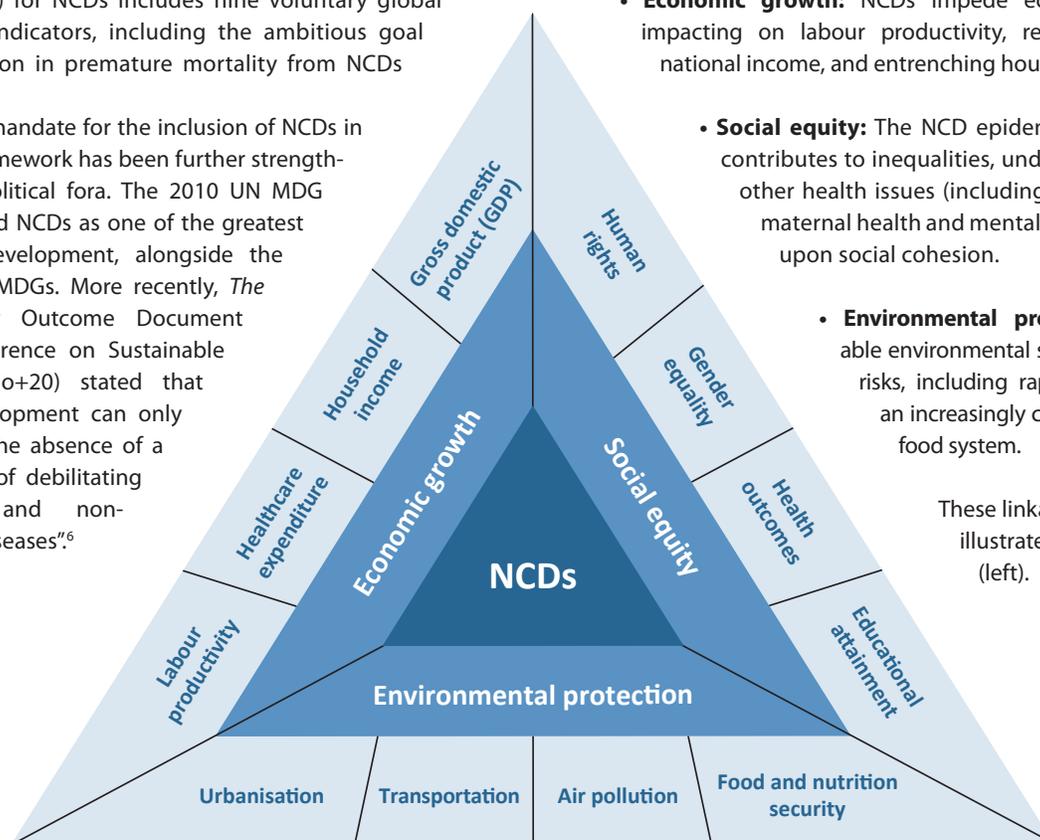
A strong political mandate

The NCD epidemic is not a new phenomenon. But the unique magnitude and impact of NCDs has only recently galvanized high-level political attention. In 2005, the WHO Framework Convention on Tobacco Control (FCTC) came into effect and now includes 176 Parties. Action plans on other NCD risk factors, including alcohol, unhealthy diet and physical inactivity, have been approved by the World Health Assembly (WHA). But it wasn't until 2011 that NCDs were discussed at the UN General Assembly.

The UN High-Level Meeting (HLM) on the Prevention and Control of NCDs, held on 19-20 September 2011, was a major milestone in the history of global health and development. For only the second time the UN General Assembly devoted its exclusive attention to a health-related issue, and with the unanimous adoption of the UN Political Declaration on NCDs, governments made wide-ranging commitments to accelerate global progress on NCDs. The Political Declaration states that NCDs are "one of the major challenges in the twenty-first century", pose "a threat to the economies of many Member States" and "undermine social and economic development".

As a follow-up to the Political Declaration, WHO Member States adopted the first set of global targets on NCDs, signalling a new era of action and accountability for NCDs. The Global Monitoring Framework (GMF) for NCDs includes nine voluntary global targets and 25 indicators, including the ambitious goal of a 25% reduction in premature mortality from NCDs by 2025.⁵

The political mandate for the inclusion of NCDs in the post-2015 framework has been further strengthened in other political fora. The 2010 UN MDG Review recognised NCDs as one of the greatest challenges to development, alongside the priorities of the MDGs. More recently, *The Future We Want* Outcome Document of the UN Conference on Sustainable Development (Rio+20) stated that sustainable development can only be achieved "in the absence of a high prevalence of debilitating communicable and non-communicable diseases".⁶



Credit: Dain, NCD Alliance

The impact of NCDs in low- and middle-income countries

Although the NCD burden is universal, LMICs are experiencing the impact of NCDs most acutely. NCDs are currently the leading cause of death in LMICs, accounting for 29 million of the 36 million deaths every year globally. NCD death rates are projected to rise by over 50% by 2030, with sub-Saharan Africa expected to see the fastest increases.⁷ In fact, by 2030, the number of deaths due to NCDs in sub-Saharan Africa is projected to outnumber deaths from infectious diseases. As is true for most development challenges, people of lower social status and those in poor, vulnerable, and marginalised communities face greater exposure to the leading risk factors and are at higher risk of dying from NCDs.

The synergies between NCDs and sustainable human development

The human and economic costs of NCDs are undermining development gains made to date in many LMICs. NCDs are linked to all three pillars of sustainable development: social, economic and environmental. For example:

- **Economic growth:** NCDs impede economic growth by impacting on labour productivity, resulting in foregone national income, and entrenching household poverty.
- **Social equity:** The NCD epidemic is driven by and contributes to inequalities, undermines progress on other health issues (including infectious diseases, maternal health and mental health), and impacts upon social cohesion.
- **Environmental protection:** Unsustainable environmental systems increase NCD risks, including rapid urbanisation and an increasingly commercialised global food system.

These linkages are further illustrated in the diagram (left).

SECTION 3: A Proposed Framework for Health and NCDs in Post-2015

Building upon the growing body of proposals for the post-2015 agenda, including *Health in the Post-2015 Development Agenda – Report of the Global Thematic Consultation on Health*,⁸ and informed by an e-consultation across the NCD Alliance’s global network of 2,000 organisations in 170 countries,⁹ the NCD Alliance recommends the following framework for health in post-2015.

A vision for post-2015: “Healthy Planet, Healthy People”

The MDGs are based on the ambitious vision of eradicating poverty, with “Make Poverty History” the popular tag line and campaign platform. Post-2015 demands an equally ambitious vision that hardwires the values of human rights, equality and sustainability into the framework and reinforces the centrality of health.

The NCD Alliance recommends the vision of “*healthy planet, healthy people*”. Healthy planet and healthy people are the two key dimensions of sustainable development. As a vision statement it places people and health at the centre, has universal relevance (which is important as the NCD epidemic affects all countries), and reinforces the linkages between the different dimensions of development. It provides a welcome shift from focusing on gross domestic product when assessing healthy growth, and would necessitate action on the root causes of ill health.

Above all, it is a meaningful, measurable and a compelling statement that has the potential to galvanise political action and a grassroots movement. The importance of this should not be understated. Although other proposals, including “sustainable wellbeing for all” have similar meanings, they are too vague and less compelling.

An overarching health goal: “Maximising healthy lives at all stages of life”

It has been proposed that in order for health to retain its rightful place at the apex of the international development agenda, a single overarching health goal is needed. This goal needs to reinforce health as a global concern for all countries, be ambitious, easily communicated, and serve to generate public interest and political leadership in health. It should reflect the challenges and opportunities of both global health and population dynamics in the post-2015 era and it should catalyse a holistic, people-centred, age-inclusive, and rights-based approach to health.

The NCD Alliance supports an outcome-focused goal of “*maximising healthy lives at all stages of life*”. It captures the health dimension of sustainable development by measuring healthy life expectancy (HALE) throughout the life course. HALE from birth is a key indicator of the state of a nation’s health, measuring mortality, morbidity and disability at all ages and for all causes. It is defined by WHO as “the average number of years that a person can expect to live in full health by taking into account years lived in less than full health due to disease and/or injury”. With the right metrics, this goal would be applicable for all countries. It would cover child and maternal survival, which is highly relevant for low-income countries, and morbidity and disability, which are major challenges for high-income countries. See panel 1 for specific recommendations on the overarching health goal.

Post-2015 Health Framework



Credit: Dain, NCD Alliance

Panel 1: NCD recommendations on the overarching health goal

- **Measure mortality, morbidity and disability.** As the Global Burden of Disease (GBD) study revealed, people are living longer, but populations are not necessarily enjoying more years of health. Disability is taking a greater toll on our lives than it was two decades ago, with NCDs causing 54% of disability-adjusted life years (DALYs).¹⁰ Therefore the goal must measure and drive progress in disability.
- **Strengthen integrated health systems.** Ageing societies and improvements in health care are resulting in an increasing number of people living longer but with chronic and multiple morbidities, particularly in vulnerable populations. For example, around 9 million people with HIV/AIDS in LMICs now benefit from antiretroviral treatment (ART) with remarkably improved survival, but many now face new co-morbidities, such as diabetes, cancers or cardiovascular disease.¹¹ Therefore the goal must strengthen health systems so that countries are better able to address all health issues in an integrated, holistic manner.
- **Age-inclusive and span the entire life course, from womb to tomb.** From an NCD perspective, promoting good health and healthy behaviours at all ages is critical. NCD risk begins as early as in-utero; patterns of consumption of unhealthy products start in childhood and adolescence; and, as longevity increases globally, the physical and mental wellbeing of older people is fundamental to safeguarding health.

Panel 1 cont: NCD recommendations on the overarching health goal

- **Inspire multisectoral action to achieve health outcomes and address the underlying social determinants.** The health sector is just one contributor to HALE. Tax, agriculture and transport policies also have a strong influence on health. Progress on the socio-economic determinants, including poverty alleviation, education, and gender equality, will also be required for achieving HALE. This is important from an NCD perspective. The goal must be leveraged to ensure health is not confined to the health sector in post-2015.
- **Strong equity focus.** The overarching goal must have a strong equity focus in order to measure progress within the poorest, marginalised, and vulnerable populations. NCDs disproportionately impacts on the disadvantaged, including women and indigenous communities. Disaggregated data by gender, age, education, geography, income will therefore be necessary, as will disaggregation at national and sub-national levels.
- **Improve measurements and data collection.** Measurement of HALE will be a challenge, particularly for low-income countries. The inclusion of HALE in post-2015 should therefore be viewed as an opportunity to drive improvements in measurements of disability and improve reliability and comparability of data.

Panel 2: Recommendations for a post-2015 goal on reducing the burden of major NCDs

- **Build upon the recently agreed global monitoring framework (GMF) for NCDs.** The GMF includes a set of nine voluntary global targets and 25 indicators.¹² These targets were established following scientific review of current trends and a critical assessment of feasibility based upon demonstrated country achievement.
- **Include and adapt the “25 by 25” mortality goal.** Included in the GMF is an ambitious goal to achieve a 25% reduction in relative overall premature mortality from NCDs by 2025 – referred to as “25 by 25”. This could be adapted to the timeframe of post-2015. An accurate measure of adult mortality is one of the most informative ways to measure the NCD epidemic and to plan effective NCD programmes.
- **Drive progress on both prevention and treatment.** The goal should include indicators that span both risk-factor exposure (e.g. tobacco use, physical inactivity, salt intake, obesity, alcohol use) and the health system response (e.g. infrastructure, human resources, availability of essential NCD medicines and technologies).
- **Improve NCD surveillance and monitoring:** The NCD goal will require strengthening of country capacity to collect, compile, and analyse community NCD surveillance data, particularly in LMICs. High-quality mortality data can only be generated by long-term investment in civil registration and vital statistics systems (CRVS).

A sub-set of health goals: Accelerate progress on the health MDGs and reduce the burden of NCDs

To support the achievement of the overarching health goal of HALE, a sub-set of MDG-like health goals are required. These must reflect the epidemiological challenges for all countries.

The NCD Alliance supports the two goals proposed in the final global thematic consultations report – “accelerate progress on the health MDGs (4, 5, and 6) agenda” and “reduce the burden of major NCDs”. There can be no doubt that the post-2015 framework must continue the unfinished business of the current health-related MDGs on child and maternal death, sexual and reproductive health, and infectious diseases. But equally, if HALE is to be achieved, it is essential that NCDs, as the biggest killer and contributor to disability, is included.

Integrating NCDs into post-2015 should in no way compromise or undermine focus and resources allocated to existing health priorities in the MDGs. Instead, the inclusion of a NCD goal side-by-side with a goal on the existing health MDG priorities should be viewed as an opportunity. The linkages between these health issues, both as co-morbidities and co-benefit solutions, should be leveraged to accelerate progress on health in a holistic manner. See panel 2 for specific recommendations on the NCD goal.

Two enabler goals for health: Balancing health systems with a social determinants approach

In order to address the perceived weakness of the MDG framework (which was silent on the means to achieve the goals), there has been a greater focus on the “enablers” for post-2015. In June 2012, the UN Task Team Report proposed a set of enablers for each dimension of post-2015, stating that “enablers should be seen as not just effective towards achieving goals related to one dimensions, but rather across all dimensions”.¹³ For this reason, the NCD Alliance proposes two enablers for health in post-2015.

1. Universal health coverage and access (UHC+A)

Universal health coverage (UHC) has been described by WHO Director General Margaret Chan as “the single most powerful concept that public health has to offer”, and it was recognised as a prerequisite for sustainable development at Rio+20 and in a UN General Assembly Resolution in December 2012.¹⁴ The two inter-related components

UHC+A and NCDs

Today, UHC remains a distant reality for many LMICs. Up to 100 million people a year are driven into poverty by direct payments for health care costs. A large proportion of those will be people with NCDs. Coverage and access to NCD services, including early diagnosis, treatment, and palliative care, are severely inadequate. Mean availability of essential medicines in 36 LMICs is about 36% for NCDs, versus 54% for acute diseases in the public sector, and 55% versus 66% in the private sector.¹⁵ Out-of-pocket payments for NCD treatment and care trap poor households in cycles of catastrophic expenditure, impoverishment, and illness, particularly in countries that lack social protection and health insurance.

of universal coverage are high-quality health services (prevention, promotion, treatment and rehabilitation) and financial risk protection. Both are crucial for improving health and reducing poverty simultaneously.

As an enabler, UHC would avoid competition between diseases and provide focus for work on strong, integrated health systems with high-quality services, a well-trained, motivated and interdisciplinary health workforce, and available and equitably distributed medicines and technologies. However the NCD Alliance recommends that the enabler explicitly includes *coverage* and *access* in its title. Making health services available is different from ensuring they are actually accessible and thus used by all who need them. See panel 3 for specific recommendations on the enabler of UHC+A.

2. Social determinants of health

As UHC is anchored in the health sector, it does not sufficiently address the underlying social determinants that shape health and NCDs more profoundly. The causes of NCD risk factors and diseases are diverse and complex, driven by levels and inequities in income, education, housing, nutrition, gender and ethnicity. For this reason, action on a much broader front is needed, with coordination and coherence across and within sectors. Therefore the NCD Alliance recommends a second enabler on tackling the social determinants of health.

This enabler would build upon the considerable political will generated for the social determinants agenda, including the WHO Commission on Social Determinants of Health in 2008 and the Rio Political Declaration on Social Determinants of Health adopted at the World Conference in October 2011.

Health-sensitive indicators across other dimensions of post-2015

As well as standalone health goals and targets, health and NCDs need to be “hardwired” across the other dimensions of the post-2015 framework. Policies in sectors as diverse as agriculture, trade, intellectual property, education, taxation, transport and urban planning all contribute to the growing burden of NCDs and ill-health. Therefore health-sensitive indicators and a health-in-all policies approach in post-2015 is an imperative.

The need for health-sensitive indicators was emphasised at Rio+20 and there is a wealth of existing health-specific indicators to draw from. From a NCD perspective, an illustrative list of indicators that could be incorporated across other dimensions is provided in the table.

“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

Panel 3: NCD recommendations for UHC+A in post-2015

- **Framed as an enabler to health in the post-2015 framework, not an overarching health goal.** UHC is only an indirect indicator of health status and will not in itself deliver higher health status. Action on a much broader front is needed, beyond the health sector.
- **Focus on quality and equitable access of services, as well as coverage.** Although coverage may be attained, access to those services may be constrained by structural, social, or economic barriers. For NCDs, access remains a major challenge. In the AIDS movement, access has proven to be a powerful political tool, mobilising the general public and galvanising political action.
- **Definition of “services” within UHC should span the continuum of care** including promotion of health, prevention, diagnosis, treatment, rehabilitation, and palliation. Prevention strategies are as important as treatment for NCDs.
- **Include indicators that will reorient health systems from solely focusing on acute care to longer-term prevention.** For example there should be a benchmark on an adequately skilled, well-trained, and motivated health workforce.

Table: Illustrative list of health-sensitive indicators

Social Development

- Prevalence of stunting in children under five years
- Prevalence of obesity in children under five years and in adults
- Prevalence of smoking or other tobacco use among teenagers and adults
- Prevalence of second hand smoke exposure
- Prevalence of alcohol use and abuse among teenagers and adults
- Proportion of children completing basic education
- Proportion of women accessing healthcare

Environmental Development

- Proportion of urban population living in slums
- Burden of air pollution-related diseases and injuries
- Household access to modern, low-emissions heating and cooking technologies
- Safe, equitable, energy-efficient transport
- Opportunities for physical activity
- Average distance to health care services

Economic Development

- Percentage of household income spent on fuel and electricity
- Percentage of household income spent on tobacco and alcohol
- Percentage of household income spent out of pocket on NCD care
- Number of people in a country achieving at least a minimum level of GDP per capita in PPP-adjusted international dollars

SECTION 4: An Enabling Environment to Deliver Results for Health and NCDs

Success in delivering the post-2015 framework will require a strong enabling environment at global, regional and national levels. To deliver results for health and NCDs particularly, the framework must take into account the changed global health and development landscape and the shifting geopolitical realities of the post-2015 era.

Notable changes over the last decade for health include a shift in the world's economic centre of gravity away from OECD countries towards the emerging economies; the rise of new international actors and political blocs, particularly the BRICS; the proliferation of non-traditional and non-donor development actors, including public-private partnerships and global funding mechanisms; an increasingly cluttered global health architecture that poses challenges for consensus building and international cooperation; and a paradigm shift from "donor-recipient" aid relationships to broader vehicles of development cooperation, as evidenced by the Busan Partnership.

Five key elements of the enabling environment from a NCD perspective:

- 1. Voice:** Implementation and monitoring of post-2015 must have the meaningful involvement of all stakeholders, particularly civil society and the poor and marginalised. Civil society organisations such as the NCD Alliance have a critical role in advocacy, raising awareness, delivering vital resources and services to vulnerable populations, and implementing and monitoring programmes to achieve the post-2015 goals.
- 2. Accountability:** A robust accountability mechanism at global, regional, and national levels will be critical to increasing development effectiveness and ensuring commitments are honoured by all sides. This will require stronger monitoring and evaluation at all levels, substantial improvements in health surveillance and data collection, and clear channels for all people to access information, scrutinise and demand answers with a view to influencing progress in health and NCDs.
- 3. Sustainable financing:** Long-term, predictable, and sustainable financing for health will be essential for achieving the post-2015 agenda. There will need to be more effective aid for health and better tracking of global resources, including improving the OECD/DAC reporting system to include markers on NCDs. However what countries can achieve with their own resources should be the priority for post-2015. Developing the capacity of LMICs to finance a greater share of the health budget, including by exploring viable health financing mechanisms and innovative financing approaches like tobacco and alcohol surcharges, will be important.
- 4. Country ownership:** Learning from the MDG experience, the cornerstone of the enabling environment for post-2015 must be country ownership. To achieve the best results for health, recipient countries must exercise leadership and ownership over their national health and development agendas and be the ones that direct development aid to local priorities. The Paris Declaration remains a key point of reference for improvements in health aid. In addition, this will require good governance in recipient countries, drawing upon good practice such as the "Three Ones" principles of the HIV/AIDS response, and it will require flexible aid from donors.
- 5. Global governance:** At the global level, the leadership and stewardship role of WHO in global health remains paramount in post-2015, but the entire UN system must deliver as one to achieve results. The H8 (WHO, UNAIDS, UNFPA, UNICEF, UN Women, GAVI, Global Fund, and the World Bank), and the UN Development Programme (UNDP) will need to particularly strengthen their capacity to provide technical assistance on NCDs to LMICs. In addition, global multisectoral partnerships that convene UN, governments, civil society, and the private sector will be important in accelerating progress, including the Global Coordinating Mechanism (GCM) for NCDs which is currently under consultation. As with any global mechanism tasked with protecting and promoting public health, a multisectoral global coordination mechanism for NCDs must safeguard against conflict of interests. With respect to tobacco, the FCTC Conference of the Parties needs to be reinforced to improve coordination of tobacco control with NCD and development efforts, including better access to technical assistance on legislation, taxation and multisectoral coordination.

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This policy brief was drafted for the NCD Alliance by Katie Dain and Ariella Rohjani with input from a task team of global experts on NCD prevention and control. When reproducing excerpts or diagrams in this policy brief, please credit the NCD Alliance. Credit photo – ©iStockphoto.com/VikramRaghuvanshi. For the full briefing paper with references, please visit: <http://ncdalliance.org/post-2015-development-framework-and-ncds>.

