

NCD Alliance Post-2015 Development Framework Think Piece 2.0: Shaping how NCDs fit in the post-2015 development framework

The July 2012 UN System Task Team (UNTT) report *Realizing the Future We Want for All* and the accompanying thematic think piece on health place “ensuring people’s rights to health” as the cornerstone of inclusive social development within the post-2015 development framework.¹ Addressing non-communicable diseases (NCDs), including the risk factors and the social, economic, and environmental conditions that drive these diseases, is central to this revised approach.

The NCD Alliance produced an initial Think Piece² in January 2012 for relevant actors within and outside the UN system to discuss why NCDs must be included on the post-2015 framework. This think piece explores how health and NCDs should be conceptualized in the post-2015 framework, based on the UNTT report priorities, key dimensions, and lessons learned from the MDGs.

- I. Background
- II. The Concepts
- III. The Means
- IV. Conclusion

I. Background

Global disease burden

NCDs (cancer, cardiovascular disease, chronic lung disease, and diabetes) account for two thirds of all deaths and half of all disability worldwide. They are the leading cause of death in low- and middle-income countries (LMICs), with 29 million of the 36 million annual NCD deaths occurring in LMICs.³ Without swift and significant global action to prevent and control these diseases and their shared modifiable risk factors (tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diets), NCDs are projected to rise to 44 million deaths globally by 2020, an increase of 15%.⁴ Though not included in the WHO definition of the four major NCDs, mental health conditions significantly contribute to the global chronic disease burden.

Political Mandate

While data alone are enough to compel action at the global level, UN Member States and the UN system also have a political mandate to address NCDs. In September 2011, the UN General Assembly convened a High-level Meeting on the Prevention and Control of NCDs, adopting a Political Declaration affirming NCDs as a major challenge to development in the 21st century and calling on Member States and the UN system to urgently respond with increased attention and resources. Additionally, the June 2012 Rio+20 Outcome Document, *The Future We Want*, recognizes that sustainable development can only be achieved “in the absence of a high prevalence of debilitating communicable and non-communicable diseases.”⁵

II. The Concepts: Health at the heart of the post-2015 framework

The MDGs succeeded in recognizing the centrality of health to human development, with three of the eight goals directly related to improving health outcomes. To safeguard progress made on the MDGs and to continue to drive sustainable and equitable development, health must remain at the heart of the development framework. This vision should be predicated on the assertion in the

¹ http://www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf

² <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Alliance%20Think%20Piece%20on%20Post-2015%20Framework.pdf>

³ *Global Status Report on Noncommunicable Diseases*. WHO. 2010.

⁴ *Ibid.*

⁵ *The Future We Want*. <http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N12/436/88/PDF/N1243688.pdf?OpenElement>

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.”⁶

The UNTT recommends an overarching health goal framed to reinforce health as a global concern for all countries. In practice, having an overarching goal should not be interpreted as collapsing the health goals and thereby minimizing the position of health within the post-2015 framework. Nor should a single health goal be at the expense of drawing out and articulating the links between health and wider development issues within the framework.

Health goals within the inclusive social development dimension

While health intersects with all four key dimensions of development— inclusive economic development, inclusive social development, environmental sustainability, and peace and security— the rightful place for a health goal in the post-2015 framework is within the inclusive social development dimension. The wider global health community should fully support the UNTT Report’s recommendation for health as an apex of inclusive social development, since investments to maintain current progress and encourage further equitable and inclusive social development will prove beneficial to improving all health outcomes.

Focus on reduced mortality and morbidity

The UNTT has suggested a specific focus on “reduced mortality and morbidity.” To underpin this broader vision of reducing mortality and morbidity, there needs to be a selection of disease- or health sector-specific targets.

From a format perspective, the selection needs to be succinct and concise. The structure needs to avoid hierarchies that place one health challenge above another, and the targets need to be intuitively understood and easily communicated to attract popular support. From a content perspective, the 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.

NCD-specific targets adhere to these criteria- they are an urgent development priority as evidenced by changing demographics and rising NCD incidence rates, particularly in LMICs. Feasible and cost-effective interventions that yield measurable outcomes exist. And, the Political Declaration and Rio+20 Outcome Document provide the political mandate for inclusion in the post-2015 framework.

NCD-specific targets to reduce preventable mortality and morbidity

A process is currently underway to define global NCD targets that the UNTT and Member States can draw from in further conceptualizing and defining the post-2015 framework. As mandated by the Political Declaration, WHO will deliver by the end of 2012 a set of global voluntary targets that are of high epidemiological and public health relevance, evidence-driven, include indicators and be integrated into a global monitoring framework on NCDs.

Member States have already approved an overarching target to reduce preventable mortality from NCDs by 25% by the year 2025 in a landmark decision taken at the World Health Assembly in May 2012. If more targets are agreed during a formal consultation in November 2012, Member States will be presented with ambitious and feasible global objectives that will reduce exposure to NCD risk factors, supplement prevention measures, and give shape to the constitution of some adequate health system responses to NCDs such as early detection, treatment, and palliative care. Member

⁶ Ibid

States will be encouraged to then develop nationally-relevant targets, consistent with the global monitoring framework.

Integrating the outcomes of this major piece of work by WHO into the post-2015 framework will align the global NCD goals with future development goals, encourage seeking of synergies and eliminate the risk of duplicating priorities for NCD prevention and control, and support the mandates contained in the Political Declaration within the broader development context.

Health-specific indicators to measure progress across all dimensions

As well as health-related targets, the post-2015 development framework would benefit from health indicators across all four dimensions. Key measurements of health can help track advancements in development, identify barriers, highlight inequities, and promote development cooperation. Such a tactic was emphasized at Rio+20 with regard to sustainable development. A WHO expert consultation on health indicators for sustainable development provides a wealth of existing health-specific indicators to draw from for inclusion in possible sustainable development goals.⁷

III. The Means: NCDs and enablers for inclusive social development

The set of enablers recommended in the UNTT report provide a good starting point in exploring the common threads to ensuring effective progress on health and NCDs in the post-2015 framework. The enablers outlined in the report particularly relevant to health and NCDs are sustainable food and nutrition security, universal access to quality healthcare, and inclusive social protection systems. Below is a snapshot of the relationship between these specific enablers and NCDs:

- Sustainable food and nutrition security: Ensuring that all people have sustainable access to sufficient, nutritionally adequate, and safe food is a precondition for preventing NCDs. Both under- and over-nutrition are important drivers of the NCD epidemic. Policies and programmes to improve maternal and infant health and nutrition can reduce a child's susceptibility for developing NCDs later in life, particularly diabetes, cardiovascular disease and cancer.⁸
- Universal access to quality health care: The UNTT's recommendation to focus on ensuring universal coverage and quality service delivery, with an emphasis on preventive health services, is fundamental for the prevention and control of NCDs. Preventive health services, including immunization against Hepatitis B and Humanpapilloma Virus, are critical, with prevention affirmed in the Political Declaration as the "cornerstone" of the global NCD response. But, prevention alone is not adequate. People currently suffering from NCDs have the right to achieve the highest attainable standard of physical and mental health. This can only be realized through a social development agenda that ensures access to quality and affordable health services, medicines, and technologies for all conditions. The post-2015 agenda must consider this need, and continue to conceptualize a goal that will strengthen health systems and support a comprehensive system response to the broad spectrum of global health issues.
- Inclusive social protection systems: Access to quality health care is only half of the equation. Adequate social protection systems must be in place to limit out of pocket expenditure on health care, which can very often trap households in catastrophic cycles of poverty. In 2004, from 600,000 to 800,000 households in India were driven into poverty from the cost of cardiovascular disease and cancer alone.⁹ The ruinous financial consequences from exorbitant user fees at point of service/care delivery, the cost of essential NCD medicines, hospitalizations, and necessary technologies can be alleviated through effective social protection schemes. Relieved of the burden of spending on healthcare, families can redirect resources to investing in

⁷ The full list of indicators from this consultation, *Measuring Health Gains for Sustainable Development*, can be found at: http://www.who.int/hia/green_economy/en/

⁸ IOM (Institute of Medicine). 2010. *Promoting Cardiovascular Health in the Developing World: A Critical Challenge to Achieve Global Health*. Washington, DC: The National Academies Press;

⁹ http://www.who.int/health_financing/documents/dp_e_11_02-ncd_finburden.pdf

other development priorities, such as education, nutritious food, and energy costs.

There are a number of additional enablers that are not yet articulated in the UNTT priority list. These are drawn from the Political Declaration, and therefore represent evidence- and consensus-based policies and approaches. These enablers would not only be effective in achieving NCD-related targets and overarching goals, but would also be effective in facilitating progress across health, inclusive social development, and the other key dimensions of development. These enablers include:

- **Life course approach:** Unhealthy behaviors, such as the consumption of tobacco and alcohol, physical inactivity, and unhealthy diets very often develop in children and youth under the age of 18, predisposing them to developing NCDs later in life. A rapidly aging global population means due consideration must be given to NCD prevention and care for older adults.
- **Whole-of-government approach:** Reducing exposure to risk factors and addressing the social determinants of health that affect NCD prevention and control requires collective, whole-of-government action at the national level. Approaches that engage sectors such as education, energy, agriculture, labor, finance, urban planning and others will contribute to the creation of more effective health policy and wider development cooperation.
- **Human resources for health:** Investment in human resources for NCDs builds capacity for improved, equitable care across all chronic diseases at the local, national, and regional levels, and in developed and developing countries.
- **Patient empowerment and education:** The UNTT report and think piece make a strong case for a people-centric vision for health in the post-2015 framework. This could be drawn out in goals that put the focus on access and improved quality of care, rather than the quantity of those affected by large-scale clinical/technical interventions. Health systems that promote overall health and wellbeing are necessary, but personal agency and self-determination toward a life of health and wellbeing through empowerment and education is of equal importance.
- **Collaborative partnerships:** Partnerships between the public sector, private sector, and the general public, especially people living with NCDs 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 goals.

IV. Conclusion

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 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 incidence, 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. In learning from 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.