

NCD Alliance Position Paper: Post-2015 Global Health Thematic Consultation Submitted to WHO/UNICEF - December 2012

The NCD Alliance (NCDA) was founded by four international NGO federations representing the four major non-communicable diseases (NCDs) – cancer, cardiovascular disease, chronic respiratory diseases, and diabetes – uniting a network of 1,000 member associations and a further 1,000 civil society organisations in more than 170 countries. NCDA is focused on ensuring the integration of NCDs and broader global health priorities in all dimensions of development, as related to the contours and content of the post-2015 development agenda.

To inform the response to this call for papers, NCDA launched an online platform for members and other stakeholders to share their views on health and NCDs in the post-2015 development agenda. Results from this consultation are expressed in this submission.

Background

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 now occur in low- and middle-income countries (LMICs), exacting a heavy and growing toll on both physical and mental health and economic security. NCDs affect all areas of human and economic development and threaten progress towards the achievement of the Millennium Development Goals (MDGs).

Driven by widespread exposure to four common modifiable risk factors (tobacco use, physical inactivity, poor diet and inadequate nutrition, and the harmful use of alcohol), these conditions perpetuate and entrench poverty within households and increase inequalities within and across populations. NCDs are estimated to cause cumulative economic losses of nearly \$500 billion USD per year, or a total of \$47 trillion USD by 2030. This loss is equivalent to approximately 75% of the 2010 global GDP.² NCDs diminish household earnings and hinder a family's ability to provide for and educate children.³ In many LMICs, NCDs are affecting populations at ever-younger ages, resulting in longer periods of ill health, early death of the main income earner, and a greater loss of productivity that is vital for development.⁴

UN Member States and the UN system have a political mandate to incorporate NCDs in the future development agenda, at the global, regional, and national levels. The UN convened a High-level Meeting on the Prevention and Control of Non-Communicable Diseases in September 2011, with 193 Member States unanimously adopting a Political Declaration on the same topic.

The Political Declaration affirms NCDs as one of the foremost development challenges of the 21st century. It recommends actions for all stakeholders – governments, the UN system, civil society, and the private sector – to halt the rise of NCDs, improve the conditions that drive these diseases, and facilitate better health outcomes for those at risk and living with NCDs.

Similarly the UN Conference on Sustainable Development (Rio+20) Outcome Document, *The Future We Want*, also cites NCDs as a priority, noting that sustainable development “*can only be achieved in the absence of a high prevalence of debilitating communicable and non-communicable diseases.*”⁵

The NCD Alliance was founded by:



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1. Lessons learnt from the health MDGs: What are the lessons learnt from the health-related MDGs?

What have been the strengths and shortcomings of the health-related MDGs?

Strengths

- **Health at the centre:** NCD Alliance recognises the importance of the MDGs in setting a global agenda for development. With three of its eight goals directly related to improving health outcomes (MDGs 4, 5, and 6), the MDGs can be credited with the global acceptance today of the centrality of health to human development. It is because of the MDGs that significant progress has been made to improve health in LMICs.
- **Clarity:** Broad agreement emerged from the consultation amongst our network members that the MDGs generated political and public awareness and support for global health and development issues. The simplicity of the MDGs and the narrative power of their messages have resulted in a clear vision. The process of identifying clear measurable targets and goals was perceived to have been helpful in this respect.⁶
- **Data collection in LMICs:** Members of the NCD Alliance network agreed that the MDGs have dramatically improved data collection on health in LMICs,⁷ resulting in a much clearer picture of the state of development in individual countries.

Shortcomings

- **Too narrow:** The MDGs introduced a global development framework that did not account for the full range of global development priorities. The MDGs do not capture the broader dynamic of development enshrined in the Millennium Declaration including human rights, environment, democracy, and governance.
- **Omission of NCDs:** While the MDGs have undoubtedly accelerated progress in health, the absence of NCDs in the MDG framework, the succinct articulation of health priorities, and the narrow interpretation of the MDGs by donors and developing countries alike, have resulted in a disease-specific vertical, and siloed approach to health. None of the eight MDGs and 48 indicators refer to NCDs or the social, economic, and behavioural risk factors linked to NCDs. **Health systems in LMICs are now distorted and predominantly oriented toward acute care and individual disease care and treatment.** Many LMIC health systems remain ill-equipped to respond to the double burden of infectious and chronic diseases.

Several respondents in our consultation commented that, as a result of the absence of NCDs within the MDG framework, governments had failed to take action on NCDs despite evident need. One respondent stated, *'governments have been inefficient to combat NCDs as there had been no framework and set targets to hit. Practical work on ground is missing.'*⁸

- **Skewed allocation of resources for health (ODA and DAH):** The absence of NCDs in the MDGs has led to the NCDs being severely under-prioritised and under-funded as a health issue at the global, regional, and national level. While Development Assistance for Health (DAH) has grown over the past decade, multiple analyses show that allocations for NCDs do not reflect the actual burden they impose on their victims and families. Although NCDs account for 60% of the global burden of disease, they receive less than 3% of the \$22 billion spent on Official Development Assistance (ODA) for health.⁹

National policies on essential medicines and technologies have been similarly influenced by priorities set by the MDGs, causing a severe lack of access to and high cost of essential NCD medicines and technologies in many countries. This has resulted in increasing morbidity, mortality and costs of care pushing families into poverty due to disability and out-of-pocket payments.

2. Health priorities post-2015: What is the priority health agenda for the 15 years after 2015?

What progress has been made towards the health MDGs? What unfinished health agenda remains?

The clarity and specificity of the MDGs gave clear directives on the global health priorities in 2000. Tremendous progress has been made since then, with dramatic declines in infant mortality rates, significant improvements to maternal health, and reduced burden of infectious diseases in many LMICs. To safeguard progress made on the MDGs and to continue to drive sustainable and equitable development, health must remain at the centre of the development framework.

Although undoubtedly a challenging task, **the post-2015 agenda must continue to advance and sustain progress on MDGs 4, 5, and 6, while also taking into account the current and emerging global health challenges, specifically NCDs.**

How has the development landscape changed since 2000?

There is general consensus that the poverty and development context has changed dramatically in the past two decades. The focus must now be on facilitating stable, equitable, and inclusive growth. Emerging economies such as the BRICS play an increasingly prominent role in global negotiations on economy, trade and climate change. Former aid recipients are now being seen as potential donors, complete with a different view on the development agenda.

New thinking centres on a more comprehensive and holistic approach to poverty, focusing on the complex interaction of issues and on how the poor define themselves. This leads to the incorporation of new measures of progress in the post-2015 agenda, such as 'human wellbeing' and quality of life around three core principles: human rights, equality, and sustainability.

In what ways are new health needs evolving? Where does health intersect with other development priorities, and how can these synergies be leveraged for mutual benefit?

Health issues are no longer the concern of the health sector alone. Specifically, NCDs intersect with all major cross-cutting development priorities, including poverty reduction, gender inequality, education, environmental sustainability, and infectious diseases. Addressing NCDs is connected to tackling environmental challenges, including climate change, air pollution, and unsustainable global food systems. NCDs share risk factors and comorbidities with many other health issues, as well, including HIV/AIDS, tuberculosis, malaria, maternal, child and newborn health (MCNH) and nutrition. As such, investment in NCD prevention and management confers tangible results for achieving the existing MDGs. Synergies must be leveraged across all dimensions of development through a health-in-all-policies (HiaP) approach.

3. Framing the future health goal: How does health fit in the post-2015 development agenda?

How do health, and health goals, interact with the dimensions of development?

Health – and priority health issues such as NCDs – are critical preconditions, indicators, and outcomes of progress in sustainable and equitable development. In order to encourage a multisectoral approach, health and NCDs must be a central focus of the post-2015 development agenda, incorporated across all four key dimensions of development – inclusive economic development, inclusive social development, environmental sustainability, and peace and security.

While health intersects with these four dimensions, **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.

How we do we ensure that the unfinished MDG agenda is reflected in the post-2015 agenda?

The post-2015 development agenda should not compromise progress made on the current MDGs and should sufficiently accommodate the unfinished business that will remain at the end of 2015. The articulation of health within the post-2015 framework should seek to catalyse integrated, multisectoral responses to health that no longer silo individual diseases and health as a priority theme.

4. Measurement of progress towards the health goals: What are the best indicators and targets for health?

Should indicators and targets be framed in terms of health status (e.g. life expectancy, years of healthy life) or could they be framed in terms of the conditions and means that create better health and can protect people from poverty (including universal health coverage)? Or some combination of both?

The post-2015 framework should frame health in a way that includes targets and indicators that measure both health outcomes and the creation of conditions that promote good health. Targets and indicators must be framed in a way whereby the establishment of a comprehensive, well-functioning health system is measurable. In this context, a well-functioning health system would be defined as one that is able to deliver preventive, acute, and chronic health care; is resourced by a trained workforce with appropriate skills, reliable supplies of quality-assured medicines and appropriate technologies; is able to both empower people for self-care and refer them to additional resources as needed; monitors and evaluates all its activities on a regular basis.

For the prevention and control of NCDs, targets and indicators must invite and support actions that limit exposure to NCD risk factors, including fulfilment of the WHO Framework Convention on Tobacco Control, which has been ratified by 176 countries, representing 88% of the global population; improved active transport systems to foster increased physical activity; increased access to quality, nutritious foods, and actions to curb the harmful use of alcohol.¹⁰

NCD-specific targets and indicators should draw from the nine voluntary global targets and 25 indicators recently agreed by Member States at a formal WHO consultation on 5-7 November 2012, including **a target to achieve a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 2025.**¹¹

An overarching goal for health

The UN Task Team Report, *Realizing the Future We Want*, recommends that an overarching health goal be framed so as to reinforce health as a global concern for all countries, stimulate political leadership, and still be measurable.

In principle, we believe this could be beneficial, with reducing preventable morbidity and mortality as one appropriate formulation of an overarching goal. The focus on outcomes in the MDG framework has been a major strength. This overarching goal would be measurable. But, having an overarching goal should not imply the marginalisation of health goals, nor of the position of health within the post-2015 development agenda. Universal access to quality health care is highlighted as an enabler to achieve a reduction in global mortality and morbidity.¹²

To underpin this broader vision of reducing premature morbidity and mortality, there needs to be a selection of disease- or health sector-specific targets. These targets need to be based on the relative burden of disease, measurable and feasible, a combination of relative and absolute benchmarks, able to accommodate different 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.

Universal Health Coverage (UHC)

The UNTT's recommendation to focus on ensuring universal health coverage (UHC) and quality service delivery, with an emphasis on preventive health services, is fundamental to the prevention and control of NCDs. Prevention is affirmed in the Political Declaration as the "cornerstone" of the global NCD response. But prevention alone is not enough.

People currently living with 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, and alleviates the financial hardship that often accompanies paying for these services. Out-of-pocket payments for NCD treatment and care trap poor households in cycles of catastrophic expenditure, impoverishment, and illness, particularly in LMICs that lack social protection and health insurance.

An overall health goal focused on UHC must be defined in broad terms whereby coverage transcends health services alone, so as not to confine health in the post-2015 development agenda to only health systems and to encourage multisectoral solutions to address both prevention and treatment. A focus should be placed on access and improved quality of care, rather than the quantity of those affected by large-scale clinical/technical interventions.

How can a very limited number of high-level indicators and targets be linked to the much broader monitoring needs of the health sector?

Significant challenges in securing comprehensive health information systems exist worldwide. Only 23 countries have highly accurate cause of death reporting, which remains a major issue for NCDs in both high- and low-income countries. The post-2015 agenda needs to drive integrated health monitoring at the country level, tying high-level targets and indicators to other established surveillance systems, such as the Global Monitoring Framework for NCDs. Indicators and targets should seek to strengthen national health information systems that measure progress regarding different diseases, health, and development issues to increase coordination and minimize duplication and reporting requirements for countries.

As well as health-related targets, health indicators across all dimensions can help track advancements in sustainable development, identify barriers to development, and highlight inequities. There are many existing health-specific indicators to draw from, including a recent WHO expert consultation on health indicators for sustainable development.¹³

How can measurement move beyond averages to track progress of different groups within countries?

Monitoring progress in health and development in the post-2015 framework must be underpinned by equity. Monitoring equity will require indicators that measure the leading social determinants of health – including age, gender, ethnicity, geography, and education – and can estimate disparities between different social groups to ensure policies accurately address health inequalities.

5. Ensuring a process and outcome that is relevant to the key stakeholders

How can country ownership, commitment, capacity, and accountability for the goals, targets, and indicators be enhanced?

The future framework should be underpinned by three principles of the Millennium Declaration – human rights, equality, and sustainability. The post-2015 framework should reduce inequalities within and between countries toward improved human development – achievements that would be enabled through the development of a universally applicable development framework. Our respondents showed the most support for a new development framework that is relevant and applicable to all countries.

Country ownership, commitment, capacity, and accountability can additionally be enhanced through the full implementation at the national level of the actions recommended in the forthcoming Global Action Plan for NCDs 2013–2020 (to be agreed at the World Health Assembly in May 2013).

How can we ensure effective working relations between countries and key partners in terms of alignment and harmonization with a focus on development results?

The creation of effective working relations, accountability, alignment, and the harmonization of development aid must be priorities for both donors and aid recipient countries, specifically as related to development financing for health. In following and adhering to the Paris Declaration, countries are able to work together to ensure that policy coherence for development is adhered to.¹⁴

Currently, many small and poor countries dependent on aid for health do not have the capacity to influence bilateral policies or are reluctant to request support for NCDs for fear of being criticised for not focusing on the MDGs. A recent WHO Analysis of Country Cooperation Strategies revealed that the prioritization of the prevention and control of NCDs is the highest concern at the national level in 136 countries – most of them LMICs.¹⁵ **Yet, less than 3% of ODA for health has been allocated to NCDs.** Donors must therefore keep to their commitments in the Paris Declaration and align their aid to the priorities of recipient countries.

How can civil society and NGOs, as well as the private sector and academia, be engaged more effectively in defining and furthering the health-related goals and targets, while also bearing in mind their accountability and responsibility?

To reach meaningful consensus, the post-2015 consultations must engage all stakeholders, from governments to civil society, and particularly increase the participation of voices from the global south. Private sector entities with interests that are in conflict with greater public good must be excluded from the consultations, particularly the tobacco industry.

Collaborative partnerships between the public sector, private sector, and the general public (the people), 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. Civil society and NGOs have a critical role in leading advocacy and raising awareness, delivering vital resources to vulnerable populations, implementing and monitoring programs to achieve goals and targets, and delivering vital services and resources to vulnerable populations.

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