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

Analysis of the e-consultation on health and NCDs in the post 2015 development framework

In November 2012, the NCD Alliance launched an e-consultation for our network on health and non-communicable diseases (NCDs), in relation to the current Millennium Development Goals (MDGs) and the post-2015 development framework. The purpose of this e-consultation was to begin to develop a common position on our asks for NCD prevention, treatment, and care in the post-2015 framework.

The outcomes of this e- consultation have informed the development of the NCD Alliance submission to the global thematic consultation on health in March 2013, co-led by UNICEF and WHO. The thematic consultation will provide major input to the UN system's consideration of how health features in the future development framework.

Outcomes

Our e-consultation attracted responses from people with diverse areas of expertise, and across different sectors, including NGOs, academia, and the private sector. It provides a comprehensive reflection on experiences and lessons learnt from the health-related MDGs, and helped to develop thinking around health and NCDs as they relate to issues such as sustainable development and universal health coverage (UHC).

In general, there was overall agreement amongst respondents that while the MDGs have effectively served their function as a way to organize global health priorities, the absence of NCDs is a significant limitation of the current development framework. There is strong support for the inclusion of NCDs in the post-2015 framework, but as responses indicated, there is not yet a clear path forward as to how NCDs will be best articulated. Approaches to NCDs in the post-2015 agenda focused on UHC are favourable, but require more information and thinking.

Carrying the issues forward

These findings will help us build a foundation for further advocacy and we hope to conduct future consultations to expand on issues raised.

A report of the e-consultation reviewing the responses is below. It was prepared by Adam Crosier of Word of Mouth Research Ltd.

The NCD Alliance was founded by:

International Diabetes Federation

International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

uicc
global cancer control

WORLD HEART FEDERATION®

Purpose of the consultation

The consultation was designed to elicit the views of the NCD Alliance network and other stakeholders on the impact of the United Nation's eight Millennium Development Goals (MDGs), and on how the NCD Alliance might best advocate for the inclusion of NCD goals in the post 2015 development framework.

How the consultation was conducted

The consultation took the form of an electronic survey, with several 'open' questions with space for textual comments. A hyperlink to the consultation was sent to individuals and organisations recorded on the NCD Alliance's contact database by email and a link was also hosted on the NCD Alliance's website. The consultation was accessible from 2 November to 18 November 2012.

A total of 179 responses were received. However, 46 of these were found to be either empty responses, where respondents had opened the consultation, but not inputted any information, or were responses where the respondent had only completed minimal information on the page 'about you', and had not progressed to the main part of the consultation. For the purposes of analysis, these 47 responses have been excluded.

The total number of usable responses was 132. However, not all 132 respondents answered all the questions. For this reason the total (n) shown against each question varies according to the number of respondents who completed the question.

Profile of respondents

Seventy nine of the 127 respondents answered the question, reported that they worked for an NGO. A further 16 respondents worked for an academic institution and 12 worked in the private sector.

Fifty nine of the 123 respondents who stated where they worked, reported that they worked in a single country. The rest (n=64) worked in more than one country, in a region or globally.

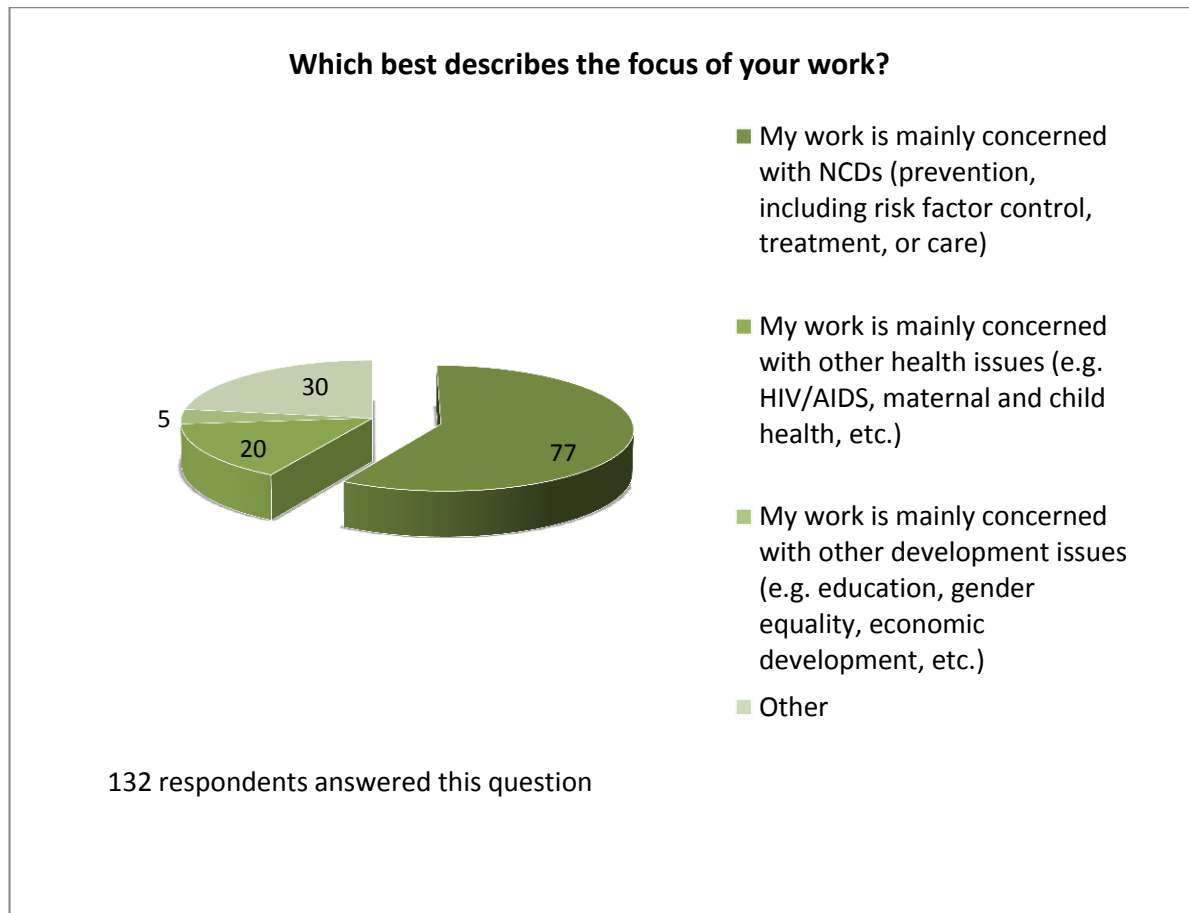| Regions where respondent works	Number of respondents
Global	50
Africa	27
Europe	14
Asia	9
India/Pakistan/Bangladesh	8
Latin America	5
USA/Canada	4
Australia	4
Middle East	2
Total	**123**

Just under two thirds (n=86) of the 132 respondents reported that they worked in low income countries. Just over half of respondents (n=69) worked in middle income countries and 53 worked in high income countries. (Note that as many respondents worked in more than one type of country, the total is more than the 132 respondents who answered this question).

Membership of organisations and alliances

Respondents were asked to state whether they were a member of specific organisations and alliances working in the area of health and development – with a particular focus on NCD organisations and alliances. One hundred respondents answered this question. The most frequently reported alliance or network that respondents reported membership of, was a national NCD alliance or network, reported by 41 respondents. Twenty respondents reported being a member of UICC, IDF, and FCA, with 16 reporting membership of The Union. Twelve respondents reported being members of WHF and 10 were members of NCD Child.

Focus of work on NCDs or other issues

Fifty eight per cent (n=77) of the 132 respondents reported that their work was mainly concerned with NCDs, while 20 respondents (15 per cent) reported that they worked on other health issues, and a further 30 (23 per cent) ticked the 'other' box, where most reported working on both NCDs *and* other health issues, or working on strengthening health systems. Only 5 respondents reported working on development issues, as opposed to health.

Which best describes the focus of your work?

- My work is mainly concerned with NCDs (prevention, including risk factor control, treatment, or care)

- My work is mainly concerned with other health issues (e.g. HIV/AIDS, maternal and child health, etc.)

- My work is mainly concerned with other development issues (e.g. education, gender equality, economic development, etc.)

- Other

30
5
20
77

132 respondents answered this question

Perspectives on the current Millennium Development Goals (MDGs)

There was a marked division of opinion over the value of the current MDGs, with 46 respondents (35 per cent) agreeing with the statement, 'the MDGs have provided the focus of my organisation's activities and supported its goals', and 57 respondents (43 per cent) agreeing that, 'the MDGs have made little difference to my organisation's activities or goals' and a further 13 respondents (10 per cent) agreeing that, 'the MDGs have been a barrier to my organisation's goals'. A further 16 respondents (12 per cent) answered 'other'.

Which of the following statements best describe your view of the MDGs?

- The MDGs have provided the focus for my organisation's activities and supported its goals
- The MDGs have made little difference to my organisation's activities or goals
- The MDGs have been a barrier to my organisation's goals
- Other

16
13
46
57

132 respondents answered this question
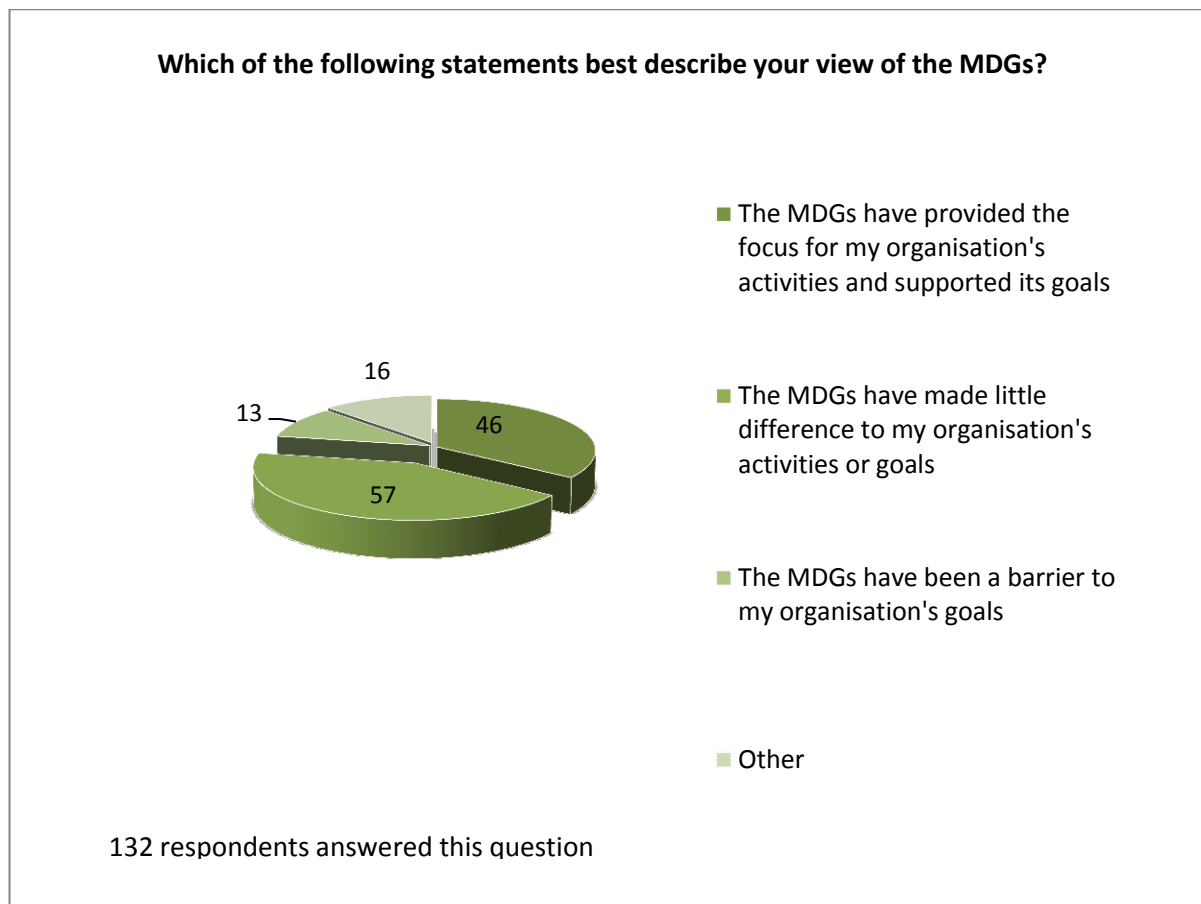
As illustrated by the following comments, the responses to the 'other' category tended to be supportive of the MDGs in focusing attention on health issues, but pointed out that they did not include a focus on NCDs.

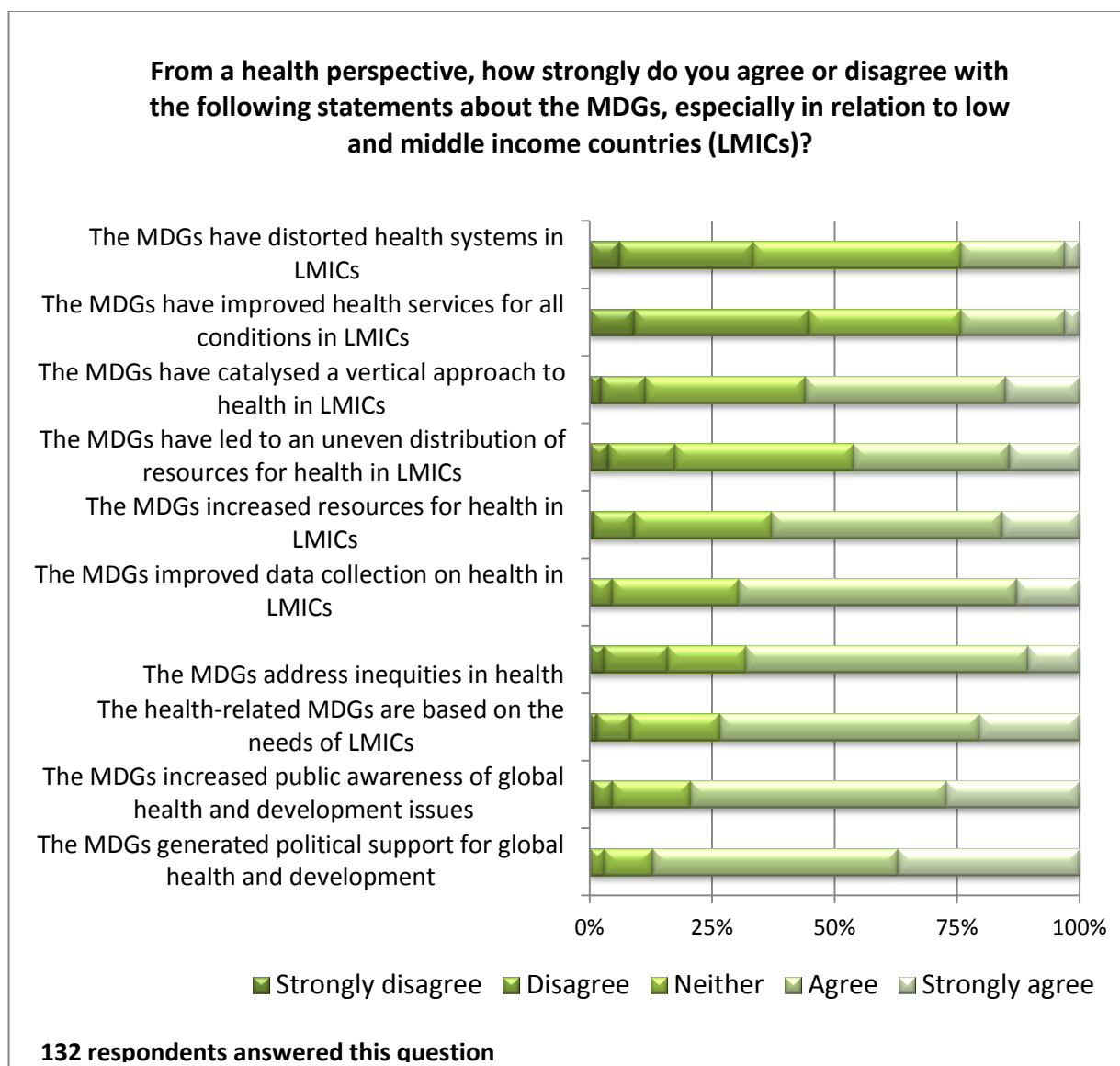> *'The MDGs have provided a framework for activities and goals but do not include NCDs.'*

> *'I think the MDGs were a wonderful innovation and focused the world on achieving a certain set of goals. They did not cover all aspects of health and development, but what they did cover, they delivered much success.'*

Respondents who said they worked on health or development issues *other than* NCDs were more likely to agree that the MDGs provided the focus of their organisation's activities and supported its goals. Sixteen of the 25 respondents (64 per cent) who reported working on health or development issues other than NCD health issues agreed with the statement. By contrast only 20 of the 77 respondents (26 per cent) who worked on NCD health issues agreed with this statement.

Statements about the Millennium Development Goals

Respondents were invited to agree or disagree (or neither agree/disagree) with a series of statements about the MDGs. There was broad agreement that, 'the MDGs generated political support for global health and development' (87 per cent agreed) and that, 'the MDGs have increased public awareness of global health and development issues' (80 per cent agreed). A majority of respondents agreed that, 'the health related MDGs are based on the needs of LMICs' (74 per cent agreed) and that, 'the MDGs address inequities in health' (68 per cent agreed). A majority also agreed that, 'the MDGs improved data collection on health in LMICs' (70 per cent agreed).

A smaller majority of respondents agreed that, 'the MDGs have catalysed a vertical approach to health in LMICs' (56 per cent agreed). There was less certainty about whether, 'the MDGs have led to an uneven distribution of resources for health in LMICs' (47 per cent agreed). Less than a quarter agreed that, 'the MDGs have improved health services for all conditions in LMICs' (24 per cent agreed) and 43 per cent neither agreed nor disagreed with the statement, 'the MDGs have distorted health systems in LMICs'.

From a health perspective, how strongly do you agree or disagree with the following statements about the MDGs, especially in relation to low and middle income countries (LMICs)?

■ Strongly disagree ■ Disagree ■ Neither ■ Agree ■ Strongly agree

132 respondents answered this question

Main successes of MDGs in LMICs from an NCD perspective

There were 98 text comments on the successes of the MDGs. Overall, many of the comments focused on the importance of the MDGs in establishing political support and public awareness for health improvement and poverty reduction in LMICs. The process of identifying clear measurable targets and goals was felt to have been helpful in this respect.

Several respondents mentioned the importance of the focus on women's health and on children's health and of the importance of focusing attention on social determinants of health including poverty. A number also focused on the importance of learning lessons from HIV/AIDS programmes and of the transferability of knowledge of what is effective for NCDs – notably prevention, treatment and management. Another comment identified the importance of how HIV prevention services had led to improvements for NCDs, for instance in the area of establishing services for cervical screening.

Other comments focused on the successes of building capacity, strengthening health systems.

Around a quarter of the 98 responses to this question reported that there had been no discernible successes in the opinion of the respondent.

Main failings of MDGs in LMICs from an NCD perspective

Overwhelmingly, the majority of the 99 responses to this question identified the fact that the MDGs failed to include NCDs as their main failing from an NCD perspective.

'The word NCD has not been mentioned!'

The main concerns included a lack of funding and lack of focus – including political motivation and will to tackle NCDs - because of an exclusive focus on communicable diseases, which had led to the creation of vertical, disease specific programmes.

'Large-scale prevention not achieved, public health trends not turned around, focus still largely on communicable diseases.'

As a result of the absence of NCDs included in the MDGs several respondents commented that governments had failed to take action to tackle NCDs.

'Governments have been inefficient to combat NCDs as there had been no framework and set targets to hit. Practical work on ground is missing. Economic clutches and absence of awareness among civil society are major hurdles besides bad governance.'

Impact of the absence of NCDs from the Millennium Development Goals

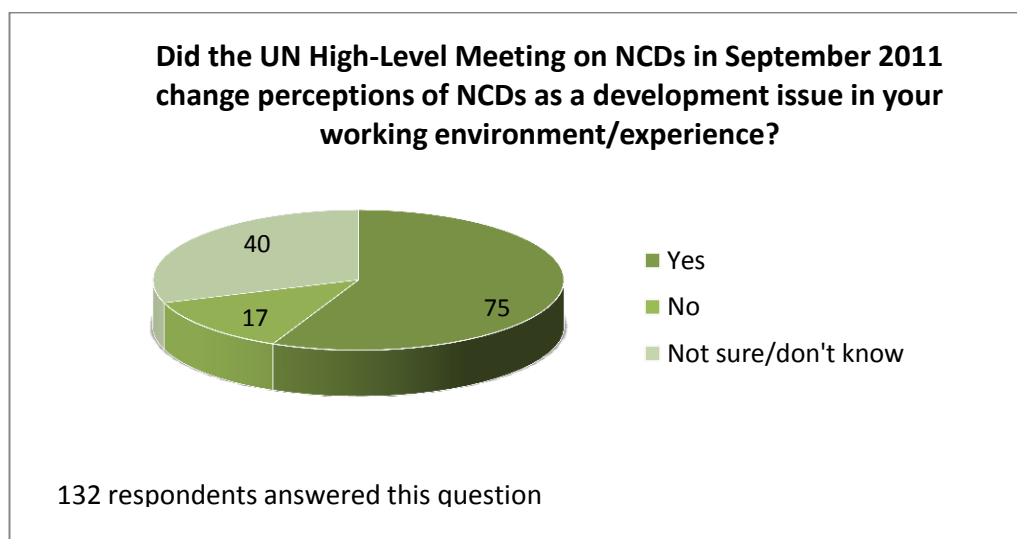There was widespread agreement that the absence of NCDs from the MDGs had been a limitation of the MDGs. Ninety two per cent agreed that, 'NCDs are under resourced in national budgets', 88 per cent agreed that, 'health systems are distorted towards acute care and not prevention, 82 per cent agreed that, 'NCDs are excluded in national development plans and policies', and 79 per cent agreed that, 'NCDs are not a political priority'.

In your experience, what impact has the absence of a direct reference to NCDs in the MDGs had? Please state how strongly you agree or disagree with the following statements.

132 respondents answered this question
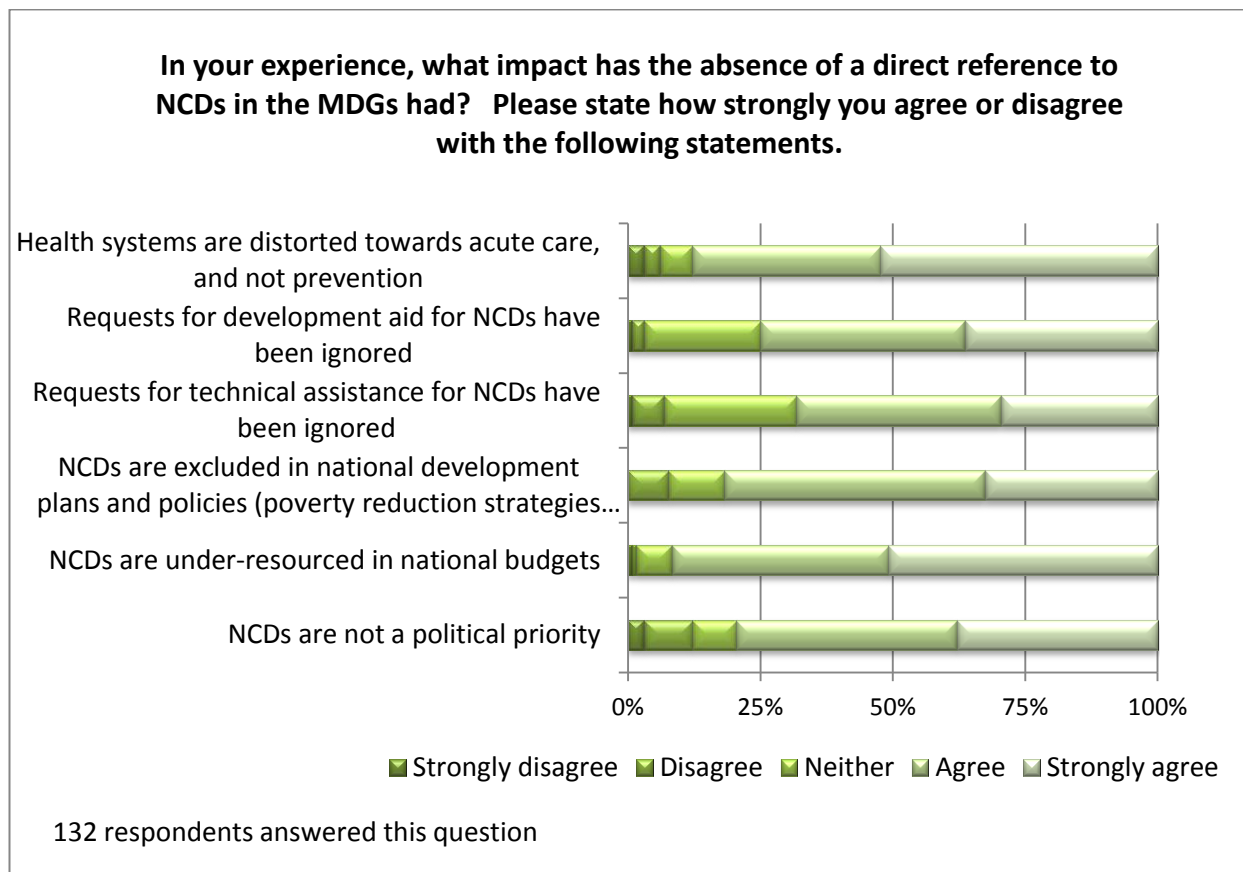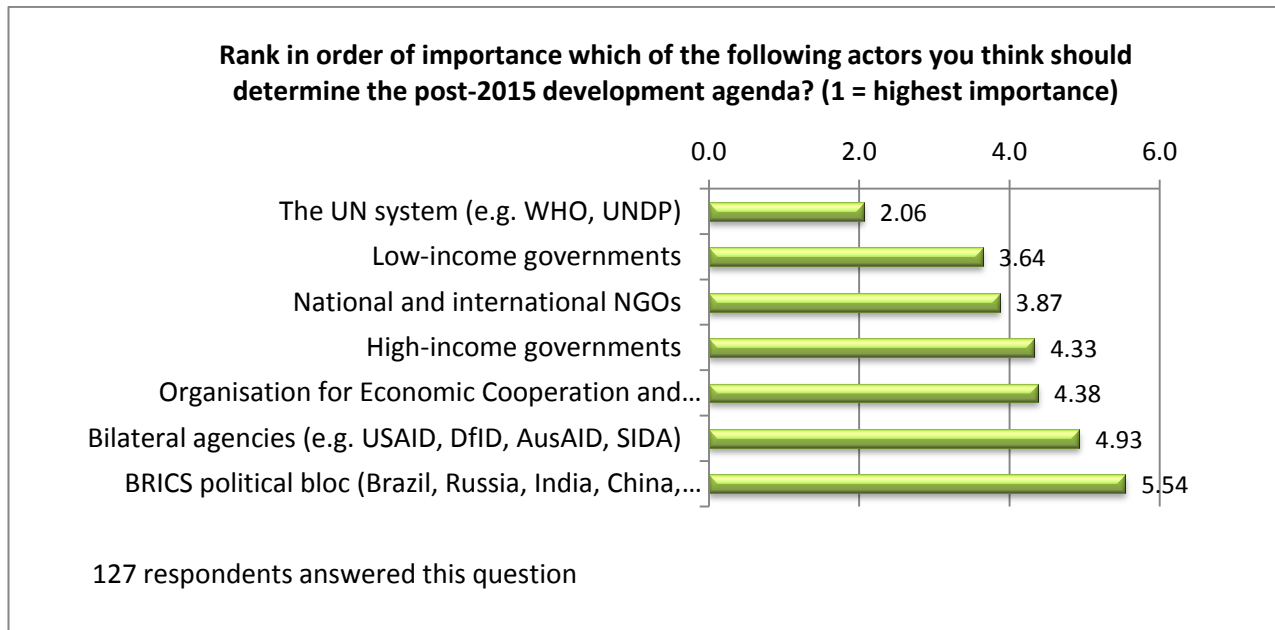
UN High Level Meeting – September 2011

Fifty seven per cent of respondents (n=75) thought that the UN High Level Meeting on NCDs in September 2011 changed perceptions of NCDs as a development issue.

Did the UN High-Level Meeting on NCDs in September 2011 change perceptions of NCDs as a development issue in your working environment/experience?

132 respondents answered this question

Defining the post-2015 development agenda

Respondents were asked to place in rank order (where 1 = highest rank) eight agencies/actors that should influence the post 2015 development agenda. The response options included a space for 'other' with an invitation to include an alternative.
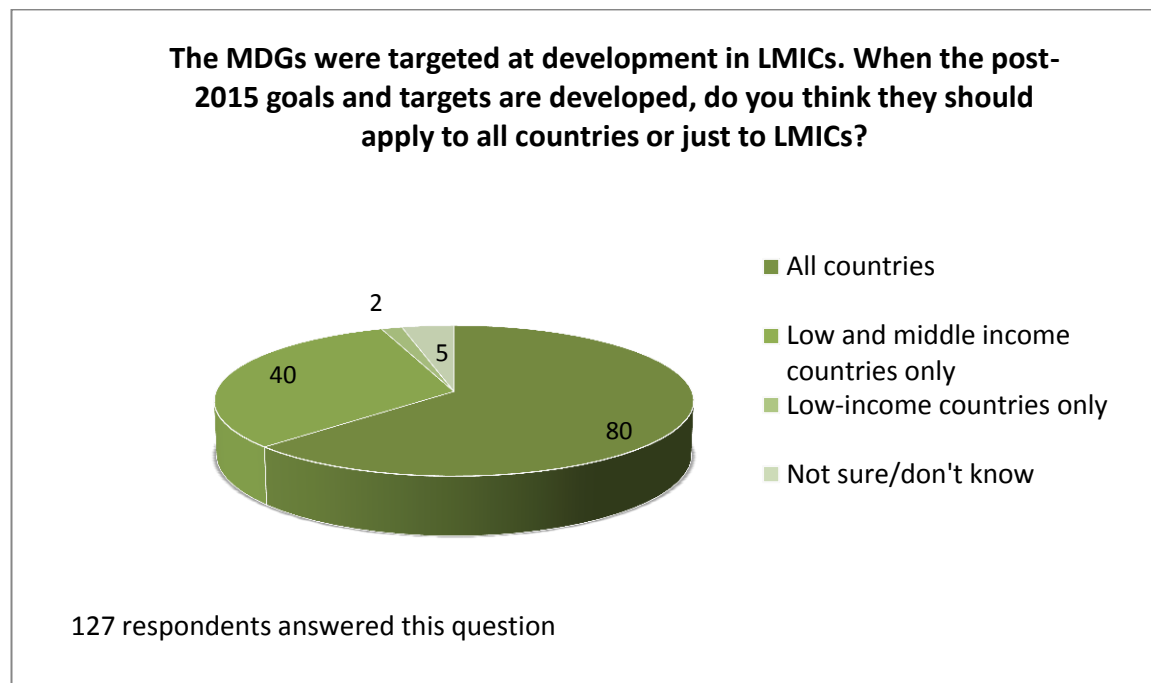
Overwhelmingly the 'UN system' was ranked in the top position with an overall rating average of 2.06, and ranked in top position by 50 per cent of the 127 respondents to this question. Low income governments (rating average of 3.64) and national and international NGOs (rating average of 3.87) were the next highest ranked bodies/agencies. The BRICS were lowest ranked of the options identified (rating average of 5.54).

Rank in order of importance which of the following actors you think should determine the post-2015 development agenda? (1 = highest importance)

Actor	Rating average
The UN system (e.g. WHO, UNDP)	2.06
Low-income governments	3.64
National and international NGOs	3.87
High-income governments	4.33
Organisation for Economic Cooperation and…	4.38
Bilateral agencies (e.g. USAID, DfID, AusAID, SIDA)	4.93
BRICS political bloc (Brazil, Russia, India, China,…	5.54

127 respondents answered this question

A number of agencies were identified in the 'other category' as organisations or bodies that should influence the post-2015 development agenda. These included the private sector, research organisations and academic bodies, private donors and foundations including the Gates Foundation and Rockefeller, and communities and citizens of low income countries.

Targeting of post-2015 goals

There was strong support for the idea that any new goals and targets post 2015 be applied to all countries. Sixty three per cent of respondents (n=80) of the 127 respondents to this question felt that post-2015 goals and targets should apply to all countries. Just under a third (n=40) felt that new goals and targets should apply only to low and middle income countries, and only two respondents felt they should apply only to low income countries.

The MDGs were targeted at development in LMICs. When the post-2015 goals and targets are developed, do you think they should apply to all countries or just to LMICs?

- ■ All countries
- ■ Low and middle income countries only
- ■ Low-income countries only
- ■ Not sure/don't know

2
5
40
80

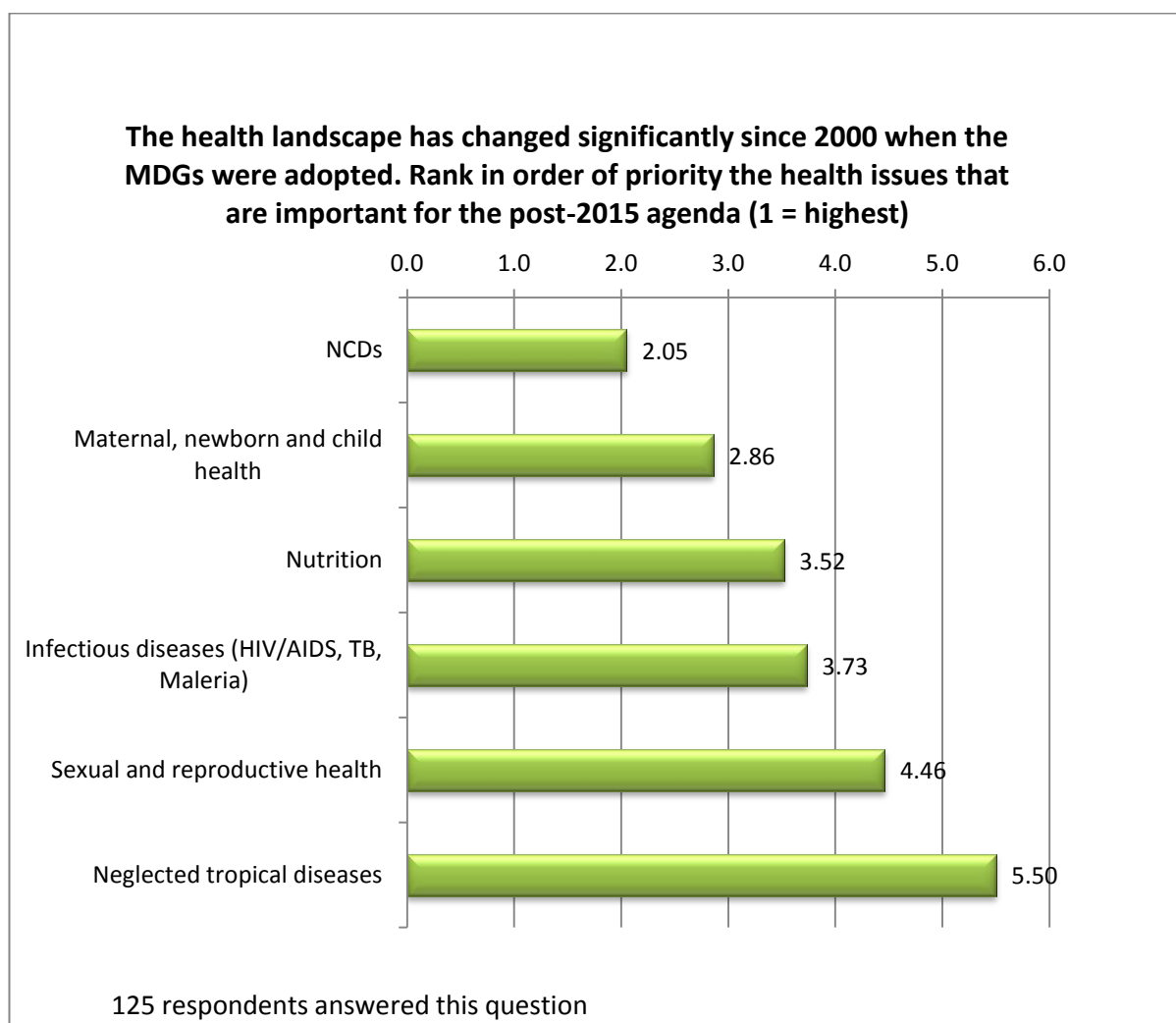127 respondents answered this question

Priority health issues post 2015

Respondents were asked to rank in order of priority (where 1 = highest priority) a list of six health issues/concerns that should be addressed by the post 2015 development framework. NCDs were ranked as the highest priority overall (with a rating average of 2.05) and half (n=63) of the 125 respondents to this question rated it as the top priority, with a further 36 per cent (n=44) saying it should be either second or third priority. One in five respondents (n=25) ranked 'maternal, newborn and child health' as the highest priority, and overall this issue was ranked second behind NCDs with a rating average of 2.86. 'Nutrition' was ranked third overall (rating average of 3.52), ahead of infectious diseases (rating average of 3.73), sexual and reproductive health (rating average of 4.46) and neglected tropical diseases (rating average of 5.50).

There were 49 additional issues/concerns identified under the 'other' category. Many of these included 'mental health', ageing and age related conditions, and various requests to see health as more than individual diseases, exemplified in the following comment.

'Our current problem exists because we rank diseases - we should instead look at the underlying societal, cultural, economic, and political causes of all diseases and draw linkages to solutions. If we continue to prioritize, we'll continue to bucket diseases, and we won't be successful in finding solutions.'

The health landscape has changed significantly since 2000 when the MDGs were adopted. Rank in order of priority the health issues that are important for the post-2015 agenda (1 = highest)

Health issue	Rating average
NCDs	2.05
Maternal, newborn and child health	2.86
Nutrition	3.52
Infectious diseases (HIV/AIDS, TB, Maleria)	3.73
Sexual and reproductive health	4.46
Neglected tropical diseases	5.50

125 respondents answered this question

Opinions on specific goals that may assist with NCD prevention, control and treatment

Respondents were asked to say whether they felt specific goals would be effective from an NCD perspective.

While a majority of respondents supported both of the propositions given, there was more support for a goal that would 'focus on universal health coverage', than 'a goal to reduce morbidity and mortality'. A total of 101 respondents (81 per cent) supported a focus on universal health coverage compared with 82 respondents (66 per cent) who supported a goal to reduce morbidity and mortality.

Endorsement of the formulation of a goal be an effective overarching goal for health in the post-2015 agenda?

A goal to reduce morbidity and mortality	66%
A focus on universal health coverage	81%

0%   25%   50%   75%   100%

125 respondents answered the question
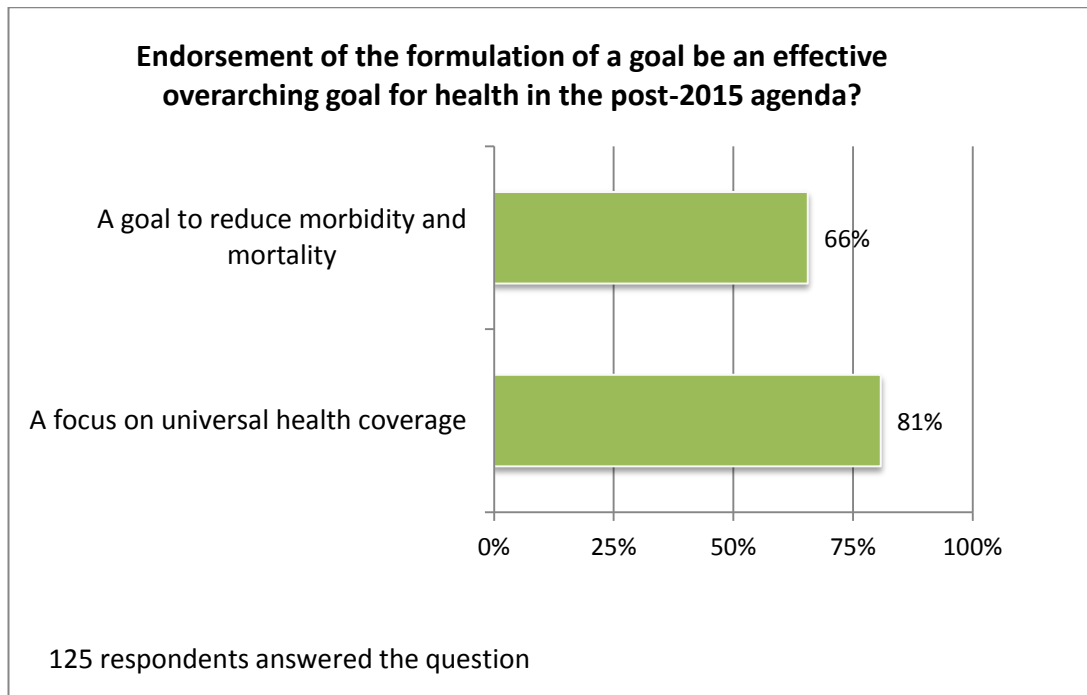
Respondents were invited to suggest alternative sub goals or targets that would support NCD prevention and control including risk factors.

Several of these comments called for action – including the development of targets – that relate to the known risk factors for NCDs, including tobacco consumption, physical activity, nutrition and alcohol.

'For NCDs controlling the modifiable risk factors e.g. tobacco, obesity, exercise, alcohol, salt etc should become the specific goals as well as opportunities for early detection through population screening.'

Another strand of comment was for more integration and 'joining up' of related work streams, which were felt to operate at present in a disconnected manner.

'I'd like to see sub-goals created that cross the "issue" areas - rather than create a list of sub-goals for each overall goal, it would be effective to look at what sub-goals could bring together many goals. Again, creating a sub-goal related to sustainable transport would cross multiple issue areas and may be more effective than a goal focused only on increasing physical activity.'

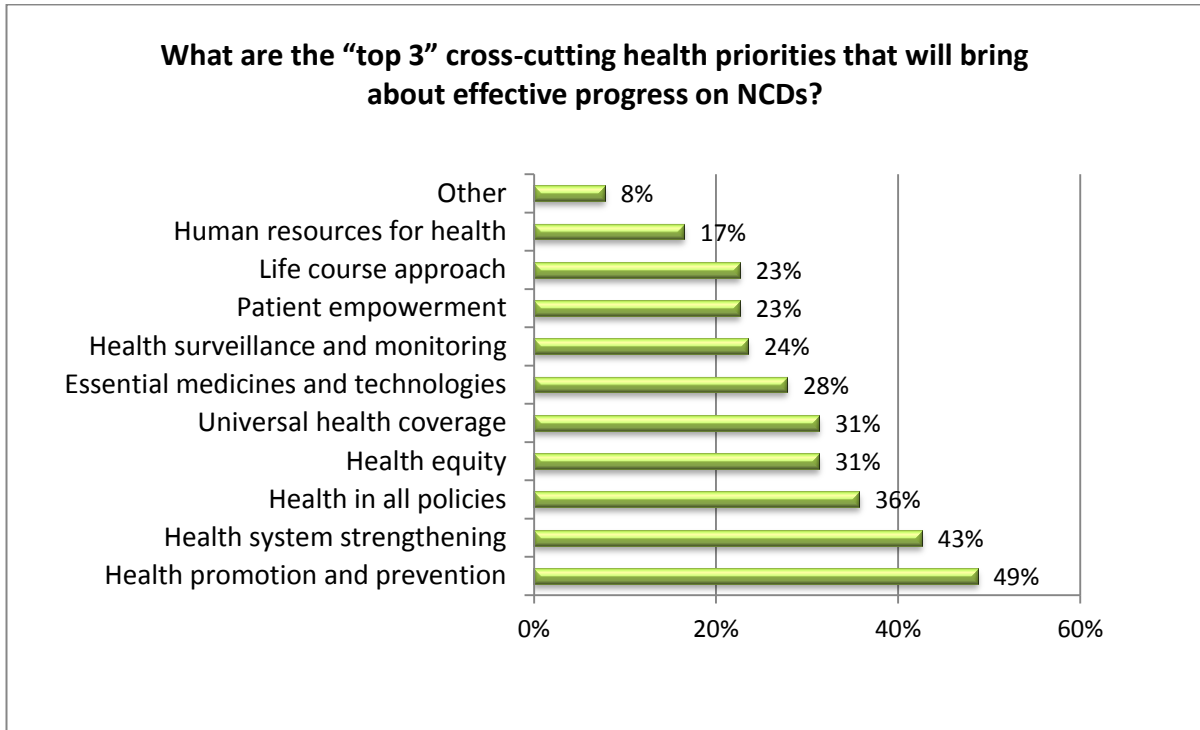*'A lifecourse approach that emphasizes data collection, prevention, diagnosis, treatment and palliation beginning in the womb and continuing until death.'*

Other respondents called for more holistic action to tackle the social determinants of health and well being.

'Addressing the social determinants of health and health-risk behaviours such as poverty, housing, education, gender empowerment and adequate social welfare systems.'
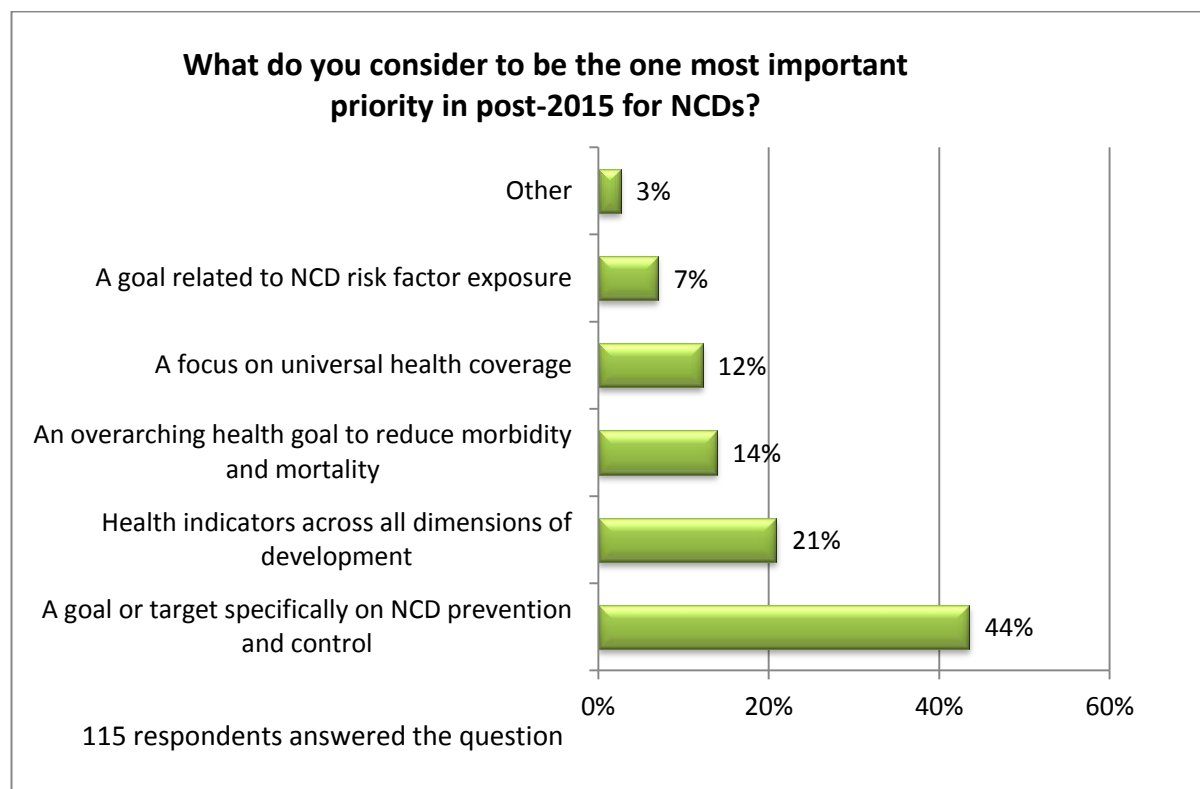
Top three priorities for progress on NCDs

Respondents were asked to identify from a list of 10 options, what they felt were the 'top 3' cross-cutting health priorities that will bring about effective progress on NCDS. The most popular responses were 'health promotion and prevention' mentioned by 56 respondents (49%), 'health system and strengthening', mentioned by 49 respondents (43%) and 'health in all policies', mentioned by 41 respondents (36%).

What are the "top 3" cross-cutting health priorities that will bring about effective progress on NCDs?

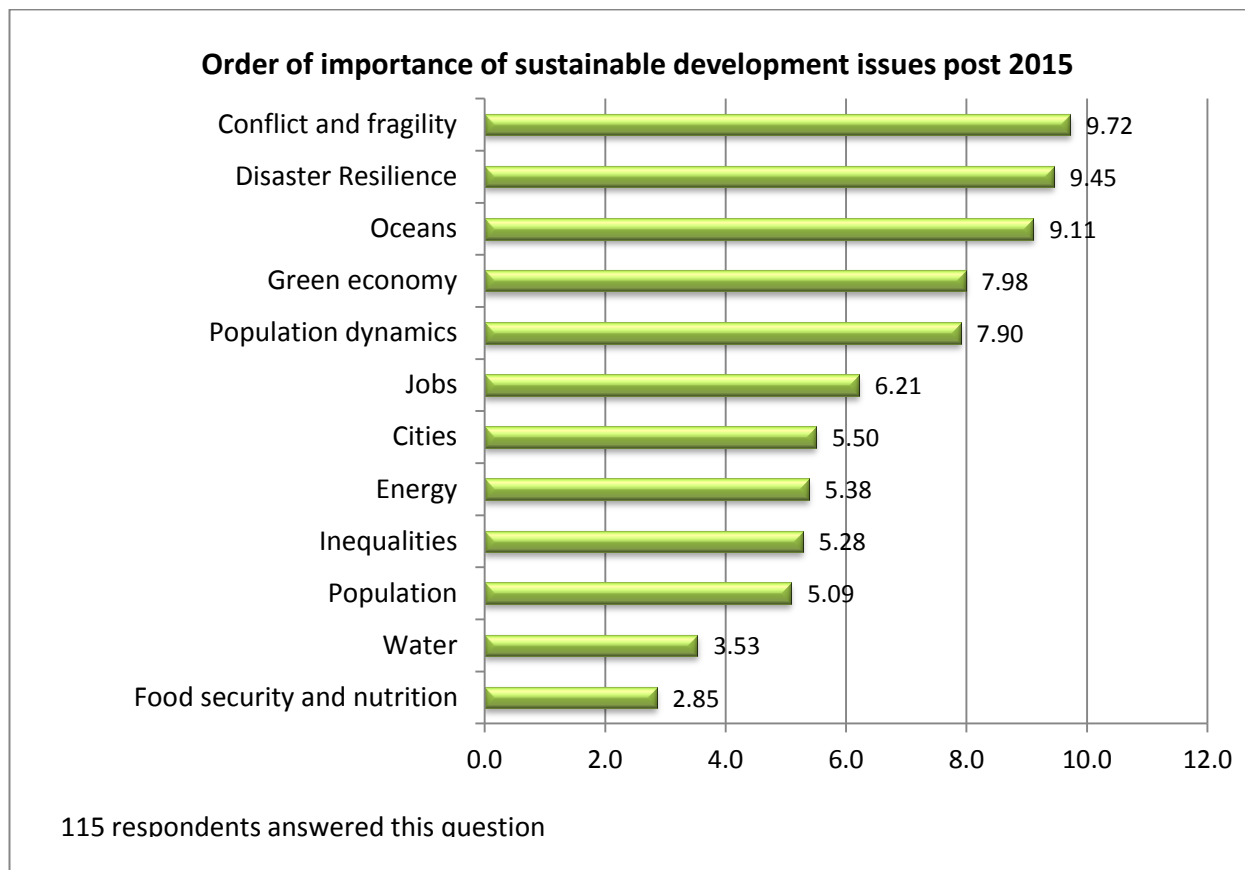| Priority	Percentage
Other	8%
Human resources for health	17%
Life course approach	23%
Patient empowerment	23%
Health surveillance and monitoring	24%
Essential medicines and technologies	28%
Universal health coverage	31%
Health equity	31%
Health in all policies	36%
Health system strengthening	43%
Health promotion and prevention	49%

The single most important priority for NCDs post 2015

A question was asked to encourage respondents to identify the single most important priority for NCDs post-2015. A list of five options was provided, together with an option for 'other'. The largest response was for 'a goal or target specifically on NCD prevention and control' which was supported by 50 of the 115 respondents (44 per cent) who answered the question.

What do you consider to be the one most important priority in post-2015 for NCDs?

Category	Percentage
Other	3%
A goal related to NCD risk factor exposure	7%
A focus on universal health coverage	12%
An overarching health goal to reduce morbidity and mortality	14%
Health indicators across all dimensions of development	21%
A goal or target specifically on NCD prevention and control	44%

115 respondents answered the question

Sustainable development issues post 2015

Respondents were asked to rank in order of importance (where 1 = highest importance) a list of sustainable development themes and concerns. 'Food security and nutrition' was identified as the most important issue by 33 respondents, followed by 'water', identified as most important by 23 respondents. Rating averages are provided in the chart below.

Order of importance of sustainable development issues post 2015

Issue	Rating average
Conflict and fragility	9.72
Disaster Resilience	9.45
Oceans	9.11
Green economy	7.98
Population dynamics	7.90
Jobs	6.21
Cities	5.50
Energy	5.38
Inequalities	5.28
Population	5.09
Water	3.53
Food security and nutrition	2.85

115 respondents answered this question

Additional comments on any aspect of the survey

Thirty four respondents took the opportunity to make an additional comment. Several of these were to applaud the NCD Alliance for undertaking this consultation and others described the difficulty respondents had experienced in prioritising across health topics. Several respondents reiterated points already made, for instance about the importance of tackling inequalities, improving access to health services and improving health in general. Some comments focused on the need to address women's health issues and others focused on the need to establish goals and targets for NCDs in UN and WHO policy forums.