

# The NCD Alliance

Putting non-communicable diseases  
on the global agenda

## UN Sustainable Development Solutions Network (SDSN) Health Report HEALTH IN THE FRAMEWORK OF SUSTAINABLE DEVELOPMENT NCD Alliance Analysis September 2013

In July 2013, the [UN Sustainable Development Solutions Network \(SDSN\)](#) submitted a [report](#) to the UN Secretary General Ban Ki-Moon to inform his report on the post-2015 deliberations. Following up on the report, the UNSDSN established 12 Thematic Groups (TGs) comprising leading scientists, engineers, academics and practitioners from business and civil society to promote solutions to key challenges of sustainable development. The aim of the Thematic Groups is to encourage governments, UN agencies, and the public towards practical solutions to the greatest challenges of sustainable development.

Since health is recognised as central to sustainable development, a thematic group on health has been formed named, 'Health for All.' In early September, they released a draft Thematic Group Report, [Health in the Framework of Sustainable Development](#) which was open for public comment.

The NCD Alliance and our global network have been engaged throughout these post-2015 consultations. Our common objective has been to ensure a post-2015 framework with health at the centre, and goals and targets that fully account for the global burden of non-communicable diseases (NCDs) – namely cancer, cardiovascular disease, chronic respiratory diseases, and diabetes - their shared risk factors, drivers, and solutions.

Many of the recommendations made by the draft Thematic Group report align with the [NCD Alliance's vision for health and NCDs in the post-2015 agenda](#). Below is a short analysis of the Thematic Group report from an NCD perspective.

### STRENGTHS

- Recommends a universal agenda that is relevant for all countries: As the NCD epidemic affects all countries, a universal agenda will encourage all countries to take action and accept responsibility.
- Recognition of health as a key dimension of poverty and a contributor to development: Health and specifically access to quality healthcare, is recognised as a basic human entitlement and a wise investment for governments. The report recognises that good health outcomes can only be achieved by equitable sustainable development across the dimensions, and through steady progress in achieving universal health coverage (UHC).
- Health across sustainable development: Emphasises the need to achieve health goals through enabling actions in other sectors including gender equality, education, access to basic infrastructure services, healthy cities and clean air and water. To address the growing burden of NCDs, a multi-sectoral approach is imperative.
- Acknowledges major barriers in achieving health for all: Must address health system challenges and the socioeconomic inequities that predispose, precipitate, and perpetuate vulnerability of individuals and populations to health risks
- Role of civil society: Recognises that the next global development agenda must mobilise governments at all levels, as well as civil society and business.
- A life-course approach and outcome-focused health goal: Recommends adopting a life course approach that will benefit all people thus proposes a health goal to 'achieve health and wellbeing at all ages.' It has three targets supporting the goal. This goal avoids a disease-specific and siloed approach to health, and with disaggregation of data, would ensure progress across the life course.

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- Emphasises the role of primary health care: Calls for investments in primary health care to help reduce health inequities. It should be accorded the highest importance because of its ability to provide the maximum health benefits to all parts of society. Integration of NCD services into primary health care services will be critical in addressing the burden of NCDs in all countries
- Linking health to other development challenges: Recognises that policies in other sectors such as agriculture, trade, education, urban planning contribute to the growing burden of NCDs and ill-health. The report demonstrates the strong linkages between health and the other development challenges and includes health sensitive indicators across the different sectors promoting a health in all policies approach.
- Strong emphasis on the prevention of NCDs: Recognises public health and wellbeing also depends on healthy life choices by individuals including healthy diets, physical activity, reduced alcohol and tobacco use. Prevention is the cornerstone of the NCD response thus the emphasis placed upon it in this report is promising. Calls for action to effectively implement the WHO FCTC and decrease the harmful use of alcohol.
- Proposes two specific targets for the prevention and control of NCDs: End preventable deaths by reducing mortality under 70 years from NCDs by at least 30% compared with 2015 and implement policies to promote and monitor healthy diets, physical activity and subjective wellbeing; reduce unhealthy behaviours such as tobacco use by 30% and harmful use of alcohol by 20%
- Broadened scope and definition of Universal Health Coverage (UHC): Recognises to provide equitable, universal access to the full continuum of health services, including rehabilitation it must broaden the scope and the definition of UHC. Calls for UHC to ensure equitable access to affordable, accountable, appropriate health services of assured quality to all people including promotive, preventative, curative, palliative and rehabilitative services and be supported by policies and services addressing the wider determinants of health for individuals and populations

### WEAKNESSES

- Demographic changes, including ageing, not fully reflected: The report does not adequately acknowledge in the targets and the principles the anticipated rapid demographic changes that will occur in the post-2015 era, including ageing populations and an increasing number of youth and adolescents. Both are populations particularly vulnerable to the impact of the NCD epidemic. A sharper focus on the social protection floors approach, which will minimise the impact of poverty and inequality for people of all ages, is necessary.
- Lack of equity focus: Even though the report does emphasise equity through the achievement of Universal Health Coverage, all goals and targets must have a strong equity focus to measure progress within the poorest and marginalised populations. Disaggregated data by gender, age, and disability will be necessary
  - Weak on disability: The report does not adequately acknowledge the role of disability in achieving health and wellbeing at all ages. NCDs are now the leading cause of disability worldwide accounting for 54% of all Disability Adjusted Life Years and are estimated to account for 66.5% of all Years Lived with Disability in low-and middle-income countries.<sup>1</sup>
  - Lack of emphasis placed on health literacy and self-management education for all: Both are critical for empowering people to improve health outcomes and enabling people to lead healthy and full lives.

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<sup>1</sup> Murray et al., Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010; a systematic analysis for the Global Burden of Disease Study 2010. The Lancet, 2012; 380; 2197-2223