

Prioritising NCDs in the post-2015 agenda

The NCD Alliance

Non-communicable diseases (NCDs) – namely cancer, cardiovascular diseases, chronic lung diseases and diabetes, plus mental health and neurological disorders – are the most urgent threat to public health and well-being facing the world today, responsible for approximately two-thirds of all global deaths and half of all disability. These diseases, their shared risk factors and associated morbidity, mortality and disability impact not only health and well-being, but the achievement of social equity, economic growth and environmental sustainability. The formulation of the post-2015 sustainable development framework is a critical opportunity to build on agreed global NCD frameworks and ensure action is taken to reverse the NCD epidemic, advance health overall and achieve sustainable human development worldwide.

Successes and shortfalls of the MDGs

The adoption of the Millennium Declaration in 2000 and the accompanying Millennium Development Goal (MDG) framework acknowledged the central role of health to development, with three of the eight MDGs directly related to improving health outcomes. MDGs 4, 5 and 6 (focused on reducing child mortality, improving maternal health and combating HIV/AIDS, TB and malaria, respectively) catalysed significant progress in health over the last decade, as evidenced by tremendous health gains in low- and middle-income countries (LMICs). According to the World Health Organization (WHO), global mortality in children under five years of age has fallen by almost half from 12.6 million in 1990 to 6.6 million in 2012; the proportion of births attended by skilled personnel is above 90 per cent in three of the six WHO regions; and HIV infections have declined by 33 per cent between 2001 and 2012 worldwide.

WHO Director-General Margaret Chan's maxim of 'what gets measured gets done' broadly rings true, with mutual reinforcement between improved data collection and a twofold increase in development assistance for health (DAH) since 2010, both resulting in a clearer picture of progress and challenges in health, and in achievement of significant accomplishments.

Above all, the MDGs made the case for investing in health as an essential strategy for reducing poverty and enabling productivity to support development progress.

Yet despite this progress, the MDGs were not without their limitations. Any explicit reference to NCDs and associated risk factors – tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol – was altogether omitted. This omission, coupled with the narrow interpretation of the MDGs by donors,

has resulted in the blocked allocation of much-needed technical assistance, funds and resources for NCDs. The focus of DAH is skewed, with 63 per cent of the global burden of disease attributable to NCDs, but only three per cent of US\$22 billion DAH funds channelled toward NCDs.

Furthermore, the segmented specificity of each goal has resulted in a vertical, siloed approach to improving health, with little space for intersectoral collaboration and no direct reference to integrated health system strengthening. Consequently, many health systems in LMICs are ill-equipped to respond to the double burden of infectious and chronic diseases and the associated challenges for providing health services across the continuum of care (prevention, promotion, early detection, treatment, rehabilitation and care, including palliation).

Making the case for NCDs post-2015

The changed global health landscape since the agreement of the MDGs, most notably the rise of NCDs, together with shifts in global population dynamics, equate to an urgent need to decisively, explicitly and comprehensively embed NCDs in the post-2015 development agenda. The ongoing consultations on the future framework present an opportunity to realign international priorities and secure a holistic, lifecourse approach to health that will lay the foundation for sustained human development by 2030. Critical to this framework is its universal relevance and application, as NCDs affect countries of all income levels.

An ageing global population is both a testament to advances in global health over the past decades and one of the main challenges to future progress. The number of people over the age of 60 already exceeds the number of children under five. This shift, concurrent with increased exposure to NCD risk factors, rapid urbanisation, and exposures to other social and structural determinants of health, has led to a dramatic rise in NCD prevalence, morbidity and mortality. The burden of NCDs weighs most heavily on LMICs, where NCDs account for 29 million of the 36 million deaths each year and 66.5 per cent of all years lived with disability (YLDs). At present, 90 per cent of early preventable deaths occur in LMICs. NCD-attributable mortalities are expected to increase by over 50 per cent by 2030, with the most rapid increases in Sub-Saharan Africa.

A strong political mandate

There is a clear political mandate for inclusion of NCDs in the post-2015 development agenda, starting with the WHO Framework Convention on Tobacco Control (FCTC) and the approval of WHO

action plans on other NCD risk factors by the World Health Assembly. The 2010 UN MDG Review named NCDs as one of the greatest challenges to development, alongside the MDG priorities. The 2011 UN High-level Meeting and Political Declaration on the Prevention and Control of NCDs, and the 2012 Rio+20 *Future We Want* outcome document both frame NCDs as 'one of the greatest challenges to development in the 21st century', and an area for urgent investment and action to achieve sustainable development. The UN Secretary-General's July 2013 MDG progress report, *A Life of Dignity for All*, made a call to 'reduce the burden of non-communicable diseases' as part of the vision and transformative actions of the future development agenda. And NCDs have been a consistent priority in consultations on the post-2015 framework thus far, including the ongoing member state-led discussions within the Open Working Group on Sustainable Development Goals (SDGs).

NCDs and sustainable human development

NCDs are inextricably linked with the three pillars of sustainable development: economic growth, social equity and environmental protection:

- **Economic growth:** NCDs impede economic growth by impacting labour productivity, resulting in foregone national income and entrenching household poverty. At a macro-economic level, the cumulative cost of NCDs is predicted to be upwards of US\$47 trillion by 2030
- **Social equity:** The NCD burden is driven by and contributes to inequalities, undermines progress on other health issues and overall health outcomes, and impacts social cohesion. Children, older people and people with disabilities are particularly at risk and often suffer from restricted access to health care, education and other social services. Discrimination and stigma further contribute to social exclusion
- **Environmental protection:** Unsustainable environmental systems and practices increase NCD risk, including rapid urbanisation and the related rise in indoor and outdoor air pollution, and an increasingly commercialised global food system

A post-2015 framework that promotes health

In order to safeguard the progress made thus far on the MDGs, and to advance sustainable and equitable human development across all dimensions, it is crucial that health remains central in the post-2015 framework. A vision for 'healthy planet, healthy people' following 2015 may be realised through a standalone, overarching health goal with an accompanying sub-set of health targets, complementary core enablers and health-sensitive indicators across the development framework.

An outcome-focused health goal

An overarching health goal will establish health as a universal priority of concern for all countries and all stakeholders. It should be clear, ambitious, holistic, outcome-focused, reflect a rights-based approach to health and address health across the lifespan. The goal must measure mortality, morbidity and disability, and serve to strengthen health systems alongside multisectoral approaches to health.

One possible formulation of such a goal could be 'maximising healthy lives at all stages of life'. This outcome-focused goal captures healthy life expectancy (HALE) from birth, one of the key indicators of a country's development progress. HALE 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'.

Targets for priority issues

In order for HALE to be attained, a subset of more specific health targets is also required. These must again be universally applicable, reach the poorest and most vulnerable populations, and avoid separating health issues and solutions into siloes or vertical approaches.

Echoing the proposals made as an outcome of the global thematic consultation on health (led by WHO and UNICEF) for the formulation of these targets or sub-goals, the first target should aim to accelerate the progress on the 'unfinished business' of the health-related MDGs, including maternal, newborn and child health, and combating infectious diseases. A second target would extend the focus of the health goal by including a specific focus on reducing the burden of major NCDs through comprehensive, multisectoral prevention and control policies and programmes. The NCD target should be adapted from the agreed global monitoring framework (GMF) for NCDs, specifically the '25 by 25' target to reduce premature mortality attributable to NCDs by 25 per cent by 2025. Supporting indicators and additional global targets for NCDs, covering risk factors, prevention, detection, treatment and care, should also be drawn from the GMF.

Enablers to achieve the health goal

The post-2015 sustainable development goals will only be as strong as the means proposed to achieve the goals. Two key enablers would underpin sustainable outcomes in this framework model: universal health coverage (UHC) plus access, and the social determinants of health.

UHC plus access, defined for our purposes as the provision of high quality health services spanning the continuum of care, with protection from financial hardship as a result of accessing health services, is a powerful concept and essential for improving health and poverty eradication post 2015. However, UHC alone is insufficient, particularly for NCDs.

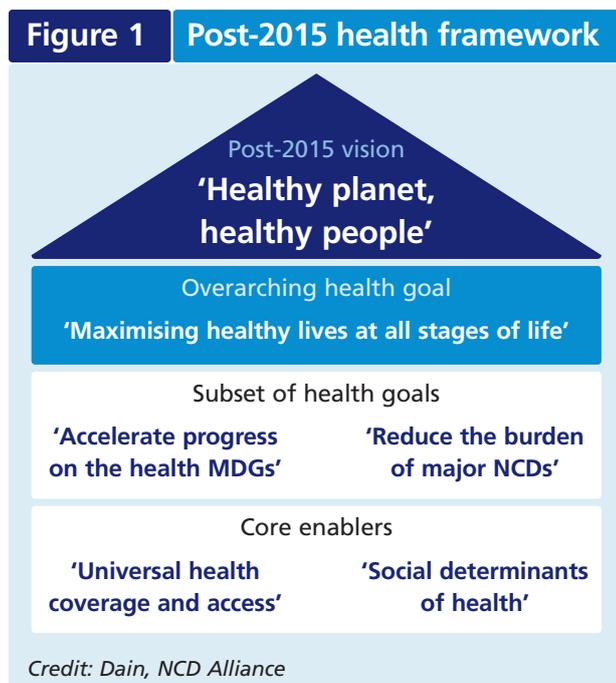
The causes of NCD risk factors and diseases are directly related to and driven by varying levels and inequities in income, housing, education, nutrition and ethnicity, to name a few elements. Because of this, health solutions cannot be limited to the health sector alone. To this end, the social determinants of health must be included as an enabler within the post-2015 health development framework. There exists currently a high level of political will to integrate health in all policies at the global and national levels, building on global commitments including the 2008 Commission on the Social Determinants of Health and the 2011 Rio Declaration on the Social Determinants of Health.

Finally, health-sensitive indicators against all dimensions of the post-2015 agenda will ensure a future global development framework adopts a 'health in all policies' approach and thus ensures NCDs are addressed via their social, environmental, political and structural determinants, and at the earliest stages of prevention.

A clear vision

An enabling environment in which NCDs are effectively addressed in the post-2015 era depends on the presence of five key elements at the global, regional and national levels:

1. Voice – the participation of all stakeholders, and especially civil society and marginalised groups, including patients
2. Accountability between all stakeholders involved
3. Sustainable financing for all countries, with an emphasis on what can be achieved with national resources
4. Country ownership and autonomy in implementing the development agenda, which will require flexible funding by donors
5. Global governance that enables the UN system to deliver as one on health and NCDs, multisectoral partnerships and co-ordination, and robust global mechanisms – including the global co-ordination mechanisms for NCDs – to promote collaboration and coherences



The lessons of the MDGs, current epidemiological and demographic trends, and political momentum necessitate that NCD prevention and control is a central facet of the approach to improving health and overall human development in the post-2015 sustainable development framework. Sustainable human development, notably improved health outcomes, will be made possible by a framework that is responsive to the health and development priorities of the 21st century, including NCDs. Such a visionary post-2015 framework will adopt integrated, universal and holistic approaches, ultimately putting people at the centre to create a healthy future for all.

The NCD Alliance (info@ncdalliance.org) is a unique civil society network of over 2,000 organisations in more than 170 countries focused on raising the profile of non-communicable diseases on the global development agenda. Founded in 2009, the NCD Alliance unites five international NGO federations and a network of global and national NGOs, scientific and professional associations, academic and research institutions, private sector entities and dedicated individuals. The NCD Alliance works closely with key partners, including the World Health Organization and member states, to catalyse action on NCDs at all levels.

References

Alleyne, G., Binagwaho, A., Haines, A. et al., on behalf of *The Lancet* NCD Action Group, 2013. 'Embedding non-communicable diseases in the post-2015 development agenda'. *The Lancet*, 381(9866), pp. 566–574.

Alzheimer's Disease International, Handicap International, HelpAge International and the NCD Alliance, 2013. *Sustaining Equitable Human Development: Addressing Non-communicable Diseases and Disability through the lifecourse*. New York: NCD Alliance.

Harvard School of Public Health and the World Economic Forum, 2011. *The Global Economic Burden of Non-Communicable Diseases*. Geneva: Harvard School of Public Health and the World Economic Forum.

NCD Alliance, 2013. *Healthy Planet, Healthy People: The NCD Alliance Vision for Health in the Post-2015 Development Agenda*. Geneva: NCD Alliance.

UN (United Nations), 2013. *Final Report of the Global Thematic Consultation on Health in the Post-2015 Agenda*. New York: UN.

WHO (World Health Organization), 2011. *Global Status Report on Non-Communicable Diseases*. Geneva: WHO.