

Addressing NCDs: A unifying agenda for sustainable development

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Abstract. Despite the mounting evidence that they impede social and economic development, increase inequalities, and perpetuate poverty, NCDs remain largely absent from the agendas of major development assistance initiatives. In addition, fundamental changes are developing in patterns of development assistance for health, and more of the burden for fighting NCDs is being placed on domestic budgets, thus increasing pressure on the most vulnerable countries.

The paper argues, however, that a new day is coming. With the inclusion of NCDs and related targets in the 2030 Agenda for Sustainable Development, there is an unprecedented opportunity to explore linkages among the sustainable development goals, enhance policy coherence and advance the NCD agenda as part of sustainable development. International development partners (bilateral and multilateral) can help in this important effort to address NCDs and their shared risk factors by providing catalytic support to countries that are particularly vulnerable in terms of the disease burden but lack the resources (human, financial) and institutional arrangements to meet their commitments at national, regional, and global levels.

Key words: non-communicable diseases; sustainable development goals; universal health coverage; development assistance for health; financing NCDs

Background

Non-communicable diseases (NCDs) refer to a wide range of conditions that are chronic and slow in progression. However, the four main categories of NCDs, cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, collectively remain the leading causes of death globally. Along with their shared risk factors – tobacco use, alcohol abuse, unhealthy diets, and physical inactivity – NCDs annually account for 39 million out of over 56 million global deaths from all causes. Over 15 million of the NCD deaths are premature, taking lives of people when they are most productive - between the ages of 30 and 70. NCDs have a particularly devastating effect on women: In 2015, 6.2 million deaths (77%) out of 8.1 million were attributable to NCDs. By comparison, the remaining 23% of female deaths were due to communicable diseases, perinatal conditions, nutrition disorders, and injuries, including road traffic accidents.[1]

At the UN Summit in 25-27 September 2015, Member States gathered at the United Nations in New York, USA to adopt a new agenda for Sustainable Development, with a set of Sustainable Development Goals (SDGs) and associated targets. Transforming Our World: The 2030 Agenda for Sustainable Development (the 2030 Agenda) recognized NCDs as important factors in sustainable development, causing premature mortality and unnecessary human suffering with associated social and economic costs. The 2030 Agenda included SDG target 3.4, on the reduction of premature mortality from noncommunicable diseases by one-third by 2030.[2]

The 3.4 target and other NCD-related targets (e.g. on the prevention and treatment of substance abuse (3.5), achieving universal health coverage (3.8), reduction of the deaths and illnesses from hazardous environmental factors (3.9) and strengthening the implementation of the WHO Framework Convention on Tobacco Control in all countries (3a)) included in the

2030 Agenda derive from commitments made by heads of state and government at the UN High-level Meetings on NCDs, first in September 2011[1] and then at the follow-up meeting in July 2014[1]. The second High-level meeting reviewed the progress in overcoming the burden of NCDs in countries and concluded that it was “insufficient and highly uneven.”[3]

Globally, premature deaths from the four main NCDs fell by 15% from 2000 to 2012.[1] This decline in mortality is insufficient to meet various NCD targets, including SDG 3.4. However, it demonstrates that change is possible, and it is feasible to curb the global NCD epidemic and meet the SDG targets, as well as the nine voluntary global NCD targets of the WHO Global Action Plan for the Prevention and Control of NCDs (2013 – 2020) by adopting a range of policy options and cost-effective interventions that the plan offers.[4]

The slow progress in addressing NCDs at the national level, particularly in low-income countries, can be explained by:

(i) The lack of national capacities (technical, financial and human, as well as policy expertise) to address NCDs as part of the 2030 Agenda and to implement the four time-bound national commitments made at the second High-level meeting in 2014. The four time-bound commitments include: setting national targets and monitoring results; developing multisectoral national NCD plans; implementing the “best buy” interventions to address the NCD risk factors; and strengthening health systems.

(ii) Unmet need for technical assistance to be provided through bilateral and multilateral channels to strengthen national capacities, including the legal and regulatory frameworks and national multisectoral and multistakeholder responses for the prevention and control of NCDs.

(ii) Interference by powerful economic operators in an effort to hamper the implementation of the new targets for alcohol, tobacco, and diet-related NCDs. This is especially problematic in countries that are heavily dependent on Development Assistance for Health (DAH).[5]

The 2030 Agenda provides an unprecedented opportunity to resolve the dilemma between investing in the social and economic determinants of health versus investing in health care systems alone. Advancing the NCD agenda will involve action not only on health, but also on the social and economic determinants of health, and positively influence the broader outcomes of all the SDGs, since “as a universally shared value, health is an indicator of the general progress of society and a reflection of its success in securing equal opportunities for all its members.[6]”

NCDs, Sustainable Development and Development Assistance for Health

In the MDG era, development assistance was poorly aligned with the global disease burden, particularly for NCDs. Despite the high burden of disease, international assistance to address NCDs was extremely low. For example, in 2015, US\$ 10.8 billion (29.7% of DAH) was spent on HIV/AIDs, US\$ 6.5 billion (17.9%) went to child and newborn health, and US\$ 3.6 billion (9.8%) was devoted to maternal health. By contrast, health system support in the same year represented US\$ 2.7 billion (7.3%), and only US\$ 475 million (1.3%) was estimated to have been spent on NCDs.[7]

A more recent analysis of development assistance for NCDs showed that DAH for NCDs grew very little between 2010-2014.[8] In these five years, 24% of NCD development assistance funding was allocated to low-income countries, and 66% went to middle-income countries. The preliminary findings suggested that the four biggest supporters of NCDs, in descending order, were WHO, the Bloomberg Foundation, the World Bank, and the United

Arab Emirates (UAE). DAH for NCDs was <1\$/ DALY lost from NCDs for each year. In contrast, DAH for HIV/AIDS was 163\$/DALY in 2013.[8]

In complementary qualitative interviews, key informants from the bilateral organizations indicated that their support for NCDs will be channeled through multilaterals that prioritize NCDs. However, the informants also stressed that DAH will support NCDs only as part of broader UHC efforts and the HSS agenda.[8]

Despite the evidence that NCDs impede social and economic development, increase inequalities, and perpetuate poverty, they remain largely absent from the agendas of major development assistance initiatives. Contrary to the growing evidence that NCDs are indeed affecting disproportionately low-income countries and the most vulnerable populations across the globe, as well as impacting all three aspects of sustainable development – social, economic, and environmental – myths remain that NCDs are only prevalent in rich countries, and that poor health behaviours and population ageing are primarily to blame for the growing disease burden.

To demystify these myths and spur comprehensive action, the measures to tackle NCDs and their shared risk factors (tobacco use, harmful use of alcohol, lack of exercise and unhealthy diets) need to extend beyond health systems and require multi-sectoral and multi-stakeholder partnerships for “the whole-of-government and whole-of-society approach” at both global and national levels, involving relevant NGOs, selected private sector entities, academic institutions, and community groups.

As country economies grow, the proportion of development support diminishes as part of the overall health funding. To combat NCDs, countries are expected to raise revenues by making

their tax systems more efficient and introducing measures to combat tax evasion and illicit tax flows. This marks a fundamental change in patterns of DAH, where more of the burden is placed on domestic budgets. To implement these changes, strong health systems are required that are capable of performing their basic functions, such as stewardship, financing and resource generation, in addition to the provision of public health (including health promotion and disease prevention) and medical services.[9]

Strong stewardship or governance will be particularly important to ensure coordination of activities and policy coherence with other sectors that influence health. In addition to domestic public resources, initial catalytic support from development agencies will be required to assist low-income countries to strengthen health systems, build national capacities, generate enough resources to respond to NCDs and their risk factors in a comprehensive way and achieve SDGs.[10]

The Way Forward

To advance the NCD development agenda, we propose the following:

1. Continued advocacy for mobilizing resources in support of NCDs as part of sustainable development - Advocacy at both national and global levels is paramount to ensure NCDs do not get dropped from the global development agenda in view of competing priorities in health and other sectors.

Since 2000, the health areas of the Millennium Development Goals (MDGs) have benefited from a rapid growth rate. From 1990 to 1999, health spending on the MDG relevant areas only grew at 5.5% (1990-1999), very close to the 4% growth rate for the non-MDG health areas. Following the Millennium Declaration and the MDGs, however, there was a clear demarcation in health funding, with the MDG areas growing at a 14.8% rate while the non-

MDG areas grew at a 6.3% rate (2000 – 2009)[5]. The growth rate was uneven across the various health focus areas. For example, HIV/AIDS funding increased substantially, with a 24.1% growth rate during 2000-2009. Funding for maternal and child health (MCH) grew by 4.7% during the same time period.[7]

Moving from eight MDGs to 17 SDGs means that NCDs may have to compete for attention and the limited funding for development assistance. The role of international development partners (bilateral and multilateral) will be important to provide the needed catalytic support to countries that are particularly vulnerable in terms of the disease burden, but lack the resources (human, financial) and institutional arrangements to meet their commitments (at national, regional, and global levels) and address NCDs and their shared risk factors.

2. Ensuring the predictability of funding – The majority of funding for NCDs will come from domestic sources. In this regard, governments have several options to explore: use resources for health from broad economic growth and then prioritize NCDs within the general health budget, improve efficiencies, earmark so-called sin taxes for NCDs, promote and incentivize financing and engagement from the private sector, and utilize development assistance for health.[11][12]

The latter will be particularly important as an initial funding to help countries in vulnerable situations facing conflicts, emergencies, and man-made and natural disasters. Development partners will need to work with governments to strengthen health systems more broadly, avoiding a disease-specific, “silo” approach as countries start making efforts to meet the universal health coverage target of sustainable development.

The need for external technical assistance to countries to implement legal and governance reforms as part of their response to NCDs needs to be especially acknowledged. Legal and regulatory measures will be required to turn cost-effective NCD interventions into practice. These are fiscal policies (e.g. raising taxes on tobacco, alcohol or sugar-sweetened beverages) or a set of legal and regulatory measures that countries may need to undertake to ensure universal coverage for essential services and medicines, and address the commercial determinants of NCDs (e.g. global marketing of tobacco, alcohol and unhealthy food). Effective responses to NCDs may be particularly challenging in countries where public health laws are outdated, technical capacity is lacking and corruption is part of everyday life.[13]

Unfortunately, currently only a handful of developed countries are meeting their ODA commitments (to achieve the target of 0.7% of ODA/GNI and 0.15% to 0.20% of ODA/GNI to least developed countries),[10] which will complicate the translation of the 2030 development agenda into action.

The predictability of funding will be essential to ensure the feasibility of long-term planning and sustainability of results. The role of civil society should be underscored in holding governments and the international community accountable to meet their development commitments.

3. NCD plans as a tool for development cooperation - Countries are often presented with multiple frameworks/agendas and multiple commitments/targets to meet, including the NCD-related targets (e.g. the 2030 Agenda, Health Systems Strengthening, Universal Health Coverage, WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020), country cooperation frameworks, as well as global action plans in other areas of health (e.g.

MCH, communicable diseases, health workforce development)) that are often overlapping and difficult to align with national priorities.

However, the NCD plans are different and much needed. Addressing NCDs requires action in multiple sectors in addition to the health system response. The translation of the NCD development agenda and greater leveraging of resources to fund essential NCD programs cannot be accomplished without context-specific, prioritized, and budgeted multisectoral NCD plans that are reflective of national needs. The NCD plans should define the roles and responsibilities of multisectoral partners beyond the health sector, and explore feasible options for coordinated action on NCDs and their shared risk factors. The national NCD plans should be integrated into national health and development plans and contain feasible context-specific measurable targets that can be adequately monitored and evaluated. The NCD plans will also help countries dependent on foreign aid to prioritize NCDs and articulate their demand for international cooperation and development assistance when needed. In this regard, the progress to date has been modest. According to WHO (2015) only 53% of countries have an operational, multisectoral national policy, strategy, or action plan that integrates several NCDs and their risk factors.[14]

4. Addressing NCDs – A unifying agenda for sustainable development. We argue that health in all policies, and the whole-of-government and whole-of-society approaches to NCDs, will help countries achieve all health and related targets included in the 2030 Agenda.

The UN High-level meetings have increased the global visibility of NCDs. However, the implementation challenges remain. Good health is the result of sound public policies in all areas. To facilitate effective action across sectors for NCDs, including international

cooperation, and enhance collaboration, coordination and policy coherence, strengthening governance at national and global levels will be key. For a comprehensive response to NCDs, multisectoral coordinating mechanisms or commissions can play a major role at both national and global levels.

At the global level, the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) is charged with a mandate to “facilitate and enhance coordination of activities, multi-stakeholder engagement, and action across sectors at the local, national, regional, and global levels.[15]” GCM/NCD coordinating efforts are greatly aided by the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs, which coordinates the activities of relevant UN organizations and other inter-governmental organizations to support governments in meeting high-level commitments and overcome the global NCD challenge.

The GCM/NCD has been mobilizing multiple stakeholders for coordinated action towards meeting the nine voluntary global targets of the WHO Global NCD Action Plan (2013-2020) since 2014.[4] However, the national responses need improvement. In 2015, only 34% of countries reported having an operational national multisectoral commission or mechanism to oversee NCD engagement and policy coherence of sectors beyond health.[14]

Taking the lead on implementing action across sectors may require new skills and knowledge by a range of public sector institutions and professionals (in the health and other sectors), as well as the availability of funds and necessary infrastructure for planning, monitoring, and evaluation. In countries with weak national capacity, injection of catalytic external resources may be required initially to accelerate the progress.

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