

gOPINION

EDITORIAL VIEWPOINT

Non-Communicable Disease Alliance Moving Forward Follow-Up to the United Nations High-Level Meeting

Johanna Ralston [†], Sidney C. Smith Jr. [‡]

Geneva, Switzerland; and Chapel Hill, NC, USA

At the Executive Board meeting of the World Health Organization (WHO) in January, the Non-Communicable Disease Alliance (NCDA), of which the World Heart Federation is a founding member, called on member states to:

Invest time and resources in consulting on and ultimately approving a global monitoring and accountability framework and global targets for NCD at the 65th World Health Assembly; prioritize key global targets including approval of the overarching goal of reducing preventable deaths from NCD (by 25% by 2025) as well as those that meet strict WHO criteria of feasibility at country level, availability of data collection instruments, and evidence, including targets related to tobacco, salt, alcohol, blood pressure and trans fats; ensure the inclusion of NCD in the post-2015 international development goal-setting process; support the establishment of a global partnership for NCD (with civil society participation); and ensure that WHO has the necessary resources to continue to promote and monitor global action to prevent and control NCD.

This statement reflects just 1 component of the extraordinary amount of work that has been underway since the UN High-Level Meeting, in September 2011, involving the NCDA, the WHO, member states, academic partners, and other key stakeholders, with the aim of implementing the Political Declaration and mapping out the next few years of action.

The NCDA activities and priorities following the summit are intended to advance our continuing mission to keep noncommunicable diseases (NCD) on the high-level political agenda, with a particular focus on the goal that has been proposed by the WHO of reducing NCD prevalence 25% by 2025. To achieve this, NCDA aims to create a glo-

bal civil society movement that demands the changes required to achieve the 2025 goal and—by its nature as a first-of-its-kind multisectoral social movement—is the change it demands.

The founding federations and our partners view the Political Declaration as our road map. Our central role over the next 3 years will include: consulting on and advocating for targets and indicators; establishing the advocacy framework for inclusion of NCD in post-2015 development goals; building evidence and advocating for successful multisectoral partnerships as outlined in the declaration; coordinating and aligning civil society efforts in advocacy and implementation; delivering and supporting demonstration projects and programs aligned with advocacy objectives; and allocating resources of the founding federations and their members to focus on implementation of the Political Declaration.

The Political Declaration, negotiated and approved over the course of the last year, has both time-bound next steps and more general commitments that range from those that can be acted on immediately to those that require more consultation before finalizing. Of these, the targets and indicators and monitoring framework are most time-sensitive, and are under consultation by member states, building on a core suggested set developed by a technical working group and released by WHO [1]. These include an overall goal of 25% reduction in premature mortality due to NCD by 2025 (with 2010 as the base). Although this goal requires additional definition, the NCDA as a whole and the World Heart Federation in particular are taking this as a critical point to which our resources and efforts will now be directed.

Two other deadlines not explicitly referenced in the document include the next iteration of the

Global Action Plan on NCD for 2013–2018, and the successor goals to the current Millennium Development Goals (MDG), which expire in 2015.

Some observations emerged from the UN meeting and the Political Declaration that will continue to guide our thinking:

- Significant participation by heads of state (34) indicate that a foundation of awareness has been established that may be among our greatest assets.
- Leadership from middle-income countries: South Africa, India, and Brazil completed compelling national NCD plans by the time of the UN meeting.
- A pressing need to define appropriate, transparent, and value-adding roles for all sectors—public, private, and nonprofit. The issue of how the private sector can engage has been obscured by misinformation, mistrust, and isolated instances of misbehavior, and it will be critical to establish frameworks for working together.
- Words matter: Phrases such as “conflict of interest” and “industry interests” create a defensiveness and polarity that make innovative and ethical partnerships more challenging to define and defend. Describing NCD as diseases of “lifestyle” and “affluence” continues to distort the reality of the rapidly expanding burden of NCD in LMIC that have little control over their exposure to risk factors.

WHAT WE ARE DOING

In our earlier commentary for the inaugural issue of *Global Heart* [2], we suggested 3 NCD priorities after the UN meeting: (1) strengthen evidence through operations research and demonstration projects, particularly those that integrate CVD and other NCD prevention and control into existing health systems; (2) continue to build an integrated system that includes NCD, rather than solely disease-specific approaches in LMIC, so that efficiencies and shared goals are part of the process, and as more funding for NCD is available, a framework for more effective delivery will be in place; and (3) build political support through monitoring of the outcomes document and advocating for greater resources to be aligned around and dedicated to NCD prevention and control by development funders and through countries’ own budgets.

The NCDA, the Lancet NCD Action Group, colleagues from academic institutions, and others convened a meeting in late 2011 to plan coordination and action for the post-summit period, both as independent actors and in support of WHO. This group, informally called the NCD Forward Work-

ing Group, defined six key areas of immediate joint action, including:

1. Campaign plan for NCD in the post-2015 development goals.
2. Support for and response to the WHO targets and indicators to be proposed to member states in 2012.
3. Campaign plan for access to medicine.
4. Options for global partnerships.
5. Identifying NCD champions.
6. Advancing tobacco-control priorities.

Each of these components is being addressed by a subcommittee of the NCD Forward Working Group, and other interested people are welcome to join.

Development goals. Although solutions will come from all sectors, development funding is a key signal of commitment. Official development assistance will continue to be aimed at globally agreed goals. Therefore, it is imperative that NCD be included in the successors to the current MDG, which are set to expire in 2015. The absence of explicit reference to NCD or an indicator related to NCD is one reason why the NCD burden has grown so quickly and with so little recognition. It is critical that the next iteration address this issue. The process of developing post-MDG goals is already underway within the development agencies of the UN and the broader development community. A UN Task Force on MDG, led by the Department of Economic and Social Affairs and the UN Development Programme is preparing a series of background documents that are going to be delivered to the “high-level panel of eminent persons.” The World Heart Federation through the NCDA has been invited to submit a brief paper on NCD as a development issue for this process. It will also be critical for the NCD movement to align more explicitly with goals being defined as part of the post-Rio+20 agenda, particularly those around urbanization and agriculture.

We will work on goals with these key principles in mind: the impossibility of success in achieving development goals without including NCD; the need to involve sectors outside of health, where NCD are not well understood but where many of the key levers lie; the need to change the current mindset of official development assistance (ODA) from short-term single-sector projects to longer-term multisector integrated approaches; the importance of aligning with rather than competing with other parts of the health development agenda; and NCD as economic and human rights issues.

Targets and indicators. The NCDA has been extensively involved in consultations around targets and indicators, including advocating for support for WHO targets and monitoring frameworks through members, suggestions for improvements of key targets, and facilitation of nongovernmental organization responses where possible. We must balance supporting the ambitious timeline and strength of key targets, including overall mortality, with the need for an effective and deliberate consultation process. This year will be a critical one for the process.

Access to medicine. A small workgroup is defining a campaign strategy to improve access to medical therapies. The majority of medicines to address NCD are off-patent and on the WHO essential medicines list, though not on the counterpart lists of many countries. Most barriers are regulatory and logistical more than financial; therefore, the core principles of affordability and quality assurance must prevail.

Partnership. The declaration calls for “options for effective partnership” to be presented to the secretary general at the end of this year. The NCDA and our colleagues from academia and civil society are advocating for the explicit inclusion of civil society in the partnership criteria to be presented to the United Nations. Discussions and agreements need to be developed regarding the need for partnerships to: provide oversight and be agents of action; involve high-burden countries; feature a strong and well-organized communication strategy; constructively describe private-sector involvement in implementation; support efforts to create a social movement on the topic; help address underlying conditions and facilitate action at all levels, especially national.

Identifying champions. Although the quick approval and timing of the UN meeting was due in no small part to country leadership from the Caribbean Community nations and other blocs that quickly supported this effort, the summit lacked leadership of a single or handful of country champions such as, for example, leadership provided by Norway leading to the maternal, newborn, and child health initiative. It is imperative that one or several heads of state or global leaders emerge to endorse and accelerate implementation of the Political Declaration and to encourage their peers to do the same. The shift in burden and the new global economy mean it may be preferable to encourage champions from LMIC, where a number of past and present heads of state have indeed

experienced an NCD—from Brazilian President Dilma Rousseff’s cancer to Indian Prime Minister Singh’s cardiovascular disease—and have in some cases been quite outspoken about their experiences. We are encouraged by examples of influential leaders in Africa and Latin America taking this on, such as South African First Lady Tabeka Zuma, who has emerged as a champion for women with cancer. Urban leaders such as Mayor Michael Bloomberg in New York City have also measurably changed the health of the populations they govern through policies that promote healthy air, physical activity, and nutrition. We are campaigning for leaders to take on the NCD issue as a whole, and we welcome input and connections in this area.

Tobacco control. Our prioritization of tobacco is based on the reality that the fight is far from over; that in the Framework Convention on Tobacco Control, we have a well-developed model that could serve as the basis for other global instruments; and that fighting NCD will be most effective if we leverage lessons learned and resources from the tobacco-control movement, especially in addressing a health issue outside of the health sector.

Coordination is key. The lessons learned from a waning era of vertical funding and examples of well-meant but poorly aligned humanitarian efforts are not lost on the NCDA, where we are committed to coordinating plans wherever possible. Thanks to strong and open relationships with partners, we are seeking to ensure that we avoid duplicating efforts and focus on mutually beneficial work. In the case of the Lancet NCD Action Group, which has provided academic leadership since 2005 on how to address the global NCD burden, our colleagues are working on a fourth series on NCD that will be launched in September 2012 on the anniversary of the UN meeting. The overall aim is to support countries as they implement the commitments made in the UN High-Level Meeting Political Declaration. There will be papers on the accountability framework for NCD, guidance to countries, interacting with the private sector, access to medicines, and building integrated health systems to respond to the major global health issues. The series will also extend the evidence base for action on the topics of inequalities and the global development agenda.

The UN Political Declaration has its challenges, but in the end, we believe it is a critical and valuable call to action and an extraordinary opportunity to at last bring attention, resources, and coordi-

nated action to addressing the burden of NCD. Member states can validate the authority of the Political Declaration by committing to and resourcing its implementation, and can hold leaders accountable when policies lag behind commitments. We encourage member states to publicly support and engage in negotiations around monitoring, targets, and the 2014 progress report, as well as to continue to keep the document alive

and relevant in the coming months and years, so that the influence and impact of our shared efforts continues to grow in preventing and controlling NCD. Flexibility is key, along with a willingness to move in uncharted territory, much of it outside the health sector. To quote Charles Darwin, “It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change.”

REFERENCES

1. WHO. Member states adopt political declaration. Available at: http://www.who.int/sdhconference/background/news/Rio_political_declaration/en/. Last accessed February 22, 2012.
2. Smith S, Ralston J. A pivotal moment for global cardiovascular disease. *Global Heart* 2011;6:125–6.