

Précis of responses to online consultation

A unique opportunity: the Millennium Development Goals and non-communicable disease

Introduction

This document is a précis of a three-month online consultation on a discussion document, written by C3 Collaborating for Health. The consultation canvassed opinion on how best to raise non-communicable diseases (NCDs) higher up the agenda of development agencies and governments, including looking at the omission of NCDs from the Millennium Development Goals (MDGs). The discussion was launched on the 3FOUR50 website [[here](#)] in March 2010, and the site was visited by about 3,000 people up to the end of June 2010. The document was commented upon online by 22 people (including many from developing countries), and C3 received email correspondence from others.

This précis takes into account all comments received before the end of June 2010. It cannot set out all the opinions that were voiced, but aims to provide an objective overview of the points raised.

Note

In the period since the discussion paper was written, there has been a further indication that the problem of the impact NCDs in developing countries is being taken increasingly seriously at the highest level: in May, the UN General Assembly announced that a High Level Meeting on NCDs, involving Heads of State, will be held in September 2011. The UN Resolution that called this meeting also encouraged Member States to include 'the rising incidence and the socio-economic impact of the high prevalence of non-communicable diseases worldwide' in the September 2010 Review of the Millennium Development Goals.

The High Level Meeting is an opportunity to raise awareness among senior policy-makers of the impact of NCDs on development, and it is essential that a consistent strategy and policy suggestions are developed, backed with sound evidence, so that the Heads of State can be lobbied without fear of contradiction among the stakeholders.

Overview

'It is clear that successful economic development (and by proxy, the MDGs) are unlikely to be achieved unless NCDs are taken seriously as a development issue.'

There was a very high standard of comments posted online, with respondents drawn both from developing and developed countries. There was one anonymous correspondent (who gave some deliberately provocative suggestions) as well as many well-known experts, including Judith Mackay, Rob Moodie, Gauden Galea and Kingsley Akinroye.

The comments were wide-ranging, but some points of consensus emerged:

- agreement on the **serious impact that NCDs have on development**;
- general agreement that **the omission of NCDs from the MDGs has meant that they have not been given appropriate emphasis** by policy-makers and others – but opinions differed as to how NCDs should be incorporated into the MDGs and their successor framework post-2015 (whatever form that framework will take);

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- the importance of **ensuring integration of NCD programmes with existing programmes**, including those on infectious disease – i.e. avoiding being seen as being in favour simply of ‘vertical’ programmes on NCDs, rather than taking a more holistic approach.

The document and online collaboration were well received – ‘a great initiative and a nice summary of the issues’ – and at C3 we hope to develop further papers for publication.

We expect the collaboration to inform a meeting on issues of development and NCDs to be held later in the year and, in particular, we hope that the collaboration will assist the development of strategy and policy options in advance of the UN High Level Meeting in 2011.

Comments on the general sections

The first few sections of the discussion document provide an overview of the Millennium Development Goals, the impact of NCDs, and the importance of the omission of NCDs from the MDGs. It also sets out recent signs that international organisations – such as the World Bank and UN – are beginning to take very seriously the threat that NCDs present.

The responses to these sections make it very clear that respondents keenly feel the need for NCDs to be seen as a development issue: ‘When you think about the level of NCD prevalence and the growing risk factors, it’s astonishing that there is NO global target of any kind to address NCDs!’

‘As a Reproductive Health Consultant, I marvelled at the statistics which I came across ... that an average of 16 women per minute die of heart diseases and stroke globally and yet this is preventable. I quite agree with you that NCDs should be given a placement in the MDGs.’

It was also reiterated by many that the MDGs themselves have been very important in driving – or, in this case, failing to drive – aid efforts. One respondent sees ‘the lack of international commitment’ demonstrated by ‘the absence of NCD in the agenda of the Millennium Development Goals’, and another that ‘The political impetus that is given to health issues such as HIV and malaria by naming them explicitly in the MDGs has proven very successful in the mobilisation of resources.’

There were several reasons suggested as to why the NCD lobby has not been more successful in attracting the attention, time and money of government and development agencies:

- NCDs are often perceived as affecting only older people – and so tackling them is seen as less cost-effective than solving the health problems of younger people with more economic productivity ahead of them.
- People suffering from infectious diseases are ‘seen as more of a victim’ than those with diseases caused by lifestyle choices (even though, in reality, those choices may have been very limited indeed).
- The subject-matter is not emotive, ‘glamorous’ or even ‘sexy’ enough to attract media or political attention – there is no ‘face’ of NCD. We have not yet ‘found the best way to transmit our message... nothing has hit home with politicians’: ‘it takes changing the language and debate fundamentally’.
- There are differences in cultural norms around the risk factors: in a recent field trip by one commentator to a rural community in Tanzania, ‘we were informed that “babies eat bananas, women eat avocados, and men eat meat and drink beer”’.
- There is a lack of a ‘major international leader’ to ‘take up the cause’ – suggestions for such a figure were Mary Robinson (former president of Ireland) and Tony Blair (former British prime minister).
- Many of the reasons why NCD risk is increasing can a) sound like progress (such as the nutrition transition) or b) sound inevitable (such as an aging population) – making it difficult to make the case for action.

Three of the respondents specifically sounded a note of caution as to the potential benefit of including NCDs in the MDGs, despite the greater political awareness that this could afford. ‘The MDGs in many settings will not be met, they have been criticised’ and another commented that ‘If we were well on the way to achieving the MDGs then it might be legitimate to add chronic disease; but we are not.’ Finally, ‘the fact that many of the goals seem to have little chance of being achieved in many countries suggests that an

evaluation of what has worked and why could be an important step in deciding whether setting goals for NCDs is an appropriate way forward’.

Other points raised by commentators include the need for good baseline data, for thinking holistically about NCD (in terms of primary, secondary and tertiary prevention). The need to continue to involve the ‘usual suspects – industry, funders, governments and civil society’ – was noted, and the role of industry was also highlighted: ‘Companies have an opportunity to position themselves as real health promoters and sustainers.’

‘There is certainly room for discussion about tactics, but surely the fundamental strategic direction – to focus on action and investment – is right!’

Comments on the ‘Options for change’ section

The ‘Options for change’ section of the discussion document was deliberately provocative. It presented a number of possible options for increasing the visibility of NCDs on the development agenda, some of which were enthusiastically endorsed – and others less so. There needs to be a balance between practicality and aspiration – what can really be achieved and in what timescale?

Bringing NCDs into the MDGs

The first few options focus specifically on the MDGs – and, given the seriousness with which the MDGs are regarded, the discussions around the successor to the MDGs post-2015 is a ‘crucial window of opportunity’ to ‘raise the profile of NCDs as a legitimate and widespread health and development concern’. These suggestions were not seen as mutually exclusive, with one commentator noting that ‘a combination approach to the options may be the most effective in incorporating the NCDs in the MDGs’.

a) Mainstreaming

This option is the weaving of NCDs throughout the MDGs, adding indicators and targets relevant to NCDs to the existing Goals. The Commonwealth Head of Government, for example, recently called for ‘indicators to monitor the magnitude, trend and socio-economic impact of NCDs [to be integrated] into the core MDG monitoring and evaluation system’.

This suggestion prompted a variety of reactions among commentators:

- Some gave strong support for the idea, regarding it as an ‘immediate action’ with a ‘very short window to do this’.
- It was questioned whether there could be any meaningful impact of MDG indicators on NCDs in just five years, even if the indicators were added to the MDGs immediately.
- In addition to the suggestions for indicators provided in the discussion document (proportion of smokers; child BMI etc.), hypertension should be added – including access to drugs to reduce blood pressure, possibly including the ‘polypill’. (One respondent also suggested that trauma and emergency surgical skills and management should be included – but this is not the focus of the discussion document.)
- Gender-specific targets were highlighted as being potentially helpful, ‘given that men and women respond differently to preventative activities’ and ‘women present differently with some diseases and respond differently to some treatments’.

b) Setting local targets

Countries face very different development challenges, with some developing countries having already exceeded some of the MDG targets. Adapting the MDGs to local realities, by setting national targets, is one way in which countries can work towards continued development – the discussion document gives the examples of Thailand and Mauritius, both of which have set targets on NCDs.

The comment on this section was that adapting the MDGs to local realities could be manageable, appropriate and effective, and ‘is an extremely important step’. However, even nationally adapted Goals

will not overcome the problem that there can be ‘drastic intra-country variation in the prevalence of the risk factors’, although one commentator hoped that ‘many small local gains would contribute to a bigger overall improvement’.

c) Modifying the existing Goals on health

This suggestion – that Goal 6 on health be reworded to specifically include non-communicable diseases – was not well received. It was felt that this was too ‘vertical’ an approach to take, and that it would be more practical to concentrate efforts on identifying ‘ways of ensuring that NCDs are incorporated into newly strengthened health systems’ and by making schools, workplaces and other environments more healthy.

(Note: Avoiding a ‘vertical’ approach is dealt with below in the section on ‘Integrating pilot projects’.)

d) Creating a new Goal

It was widely accepted that we have run out of time to advocate for an entirely new MDG specifically on NCDs before 2015. However, some commentators felt that this is a strong option for the future: ‘I would vote for a new health Goal for NCDs, to be included in the second wave of goals post 2015’. Another commentator acknowledged this as ‘the most radical’ suggestion, and also the one that is ‘likely to prove the most effective’.

Other suggestions

Recognising that there are many other routes, aside from the MDGs, to integrate NCDs into development thinking, this section focused on three suggestions not specifically related to the MDGs: the possibility of better integrating pilot projects on NCDs into existing development programmes, a UN Special Session on NCDs, and whether a Global Fund on NCDs would be practical or sensible.

a) Integrating pilot projects on NCDs into existing development programmes

The integration of NCDs into existing projects was a key point of consensus among commentators: ‘Integration with successful programmes like HIV/AIDS and tuberculosis may offer more opportunities to achieve set goals, rather than a “vertical” programme.’ One commentator warned that ‘there is currently a lot of criticism of “vertical programmes”, arguing that they have made things worse rather than better by undermining health systems in low and middle income countries’ – so there is a need to ensure that efforts to improve NCD programmes are not seen as ‘just another vertical programme’.

An article published just after the discussion document (‘Drivers of inequality in Millennium Development Goal progress: a statistical analysis’: Stuckler et al., *PLoS Medicine* 7:3), emphasises the importance of developing such synergies. One respondent reproduced the paragraph below in full:

‘Unequal progress in health MDGs in low-income countries appears significantly related to burdens of HIV and NCDs in a population, after correcting for potentially confounding socioeconomic, disease burden, political, and health system variables. The common separation between NCDs, child mortality, and infectious syndromes among development programs may obscure interrelationships of illness affecting those living in poor households – whether economic (e.g. as money spent on tobacco is lost from child health expenditures) or biological (e.g. as diabetes or HIV enhance the risk of tuberculosis).’

Suggestions for developing synergies with existing programmes included:

- ‘thinking through lessons learned from ARV distribution and HIV/AIDS’;
- working with other programmes to overcome corruption;
- incorporating NCD surveillance into existing disease surveillance efforts;
- delivery synergies – ‘some of the service modalities employed to help reduce maternal death ... may create delivery synergies that can improve and increase community awareness about preventing chronic disease’ – including cross-financing of health-care delivery.

b) A UN Special Session on NCDs (UNGASS)

As noted at the start of this précis, the UN General Assembly has called a High Level Meeting on non-communicable diseases, to be held in September 2011 and involving Heads of State. The suggestion in the discussion document that such a Meeting be held was highlighted by one commentator as a 'viable option for immediate action' – and it is good to see that this has already come about. The same commentator noted that such a step would be 'extremely important... in achieving concrete global action to which nations are more likely to adhere' and that 'it will also signal to important philanthropic agencies such as the Gates Foundation the need to invest in the prevention of NCDs'.

At C3, we hope that the opportunity presented by the High Level Meeting is grasped by all those involved in NCDs – and that this online consultation can be used to inform the discussion on priorities for the Meeting.

c) Global Fund for NCDs

The Global Fund on HIV/AIDS was the major outcome of a UN Special Session on HIV (held in 2001), and one commentator noted that 'I like the idea of special funding for tackling NCDs. We should get the world to mount a response to the NCD crisis similar to the way it did for AIDS.'

However, the suggestion of establishing a Global Fund for NCDs proved contentious, and was not well received by the majority of respondents. One commentator felt that such a Fund does not sound cost effective and, in particular, it was criticised for continuing the vertical separation of disease programmes, rather than strengthening health systems more broadly.

'This is an opportunity to join forces and not each go our separate ways.'