



fighting heart disease  
and stroke  
european heart network

## Towards a post-2015 development framework

### Contribution from the European Heart Network

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#### Introduction

The European Heart Network (EHN) is a Brussels-based alliance linking national heart foundations and other national non-governmental organisations committed to the prevention of cardiovascular diseases, in particular coronary heart disease and stroke, in 26 countries across Europe. <http://www.ehnheart.org/>

EHN is a member of the European Chronic Disease Alliance (ECDA).

Whilst we will follow the format of the consultation, i.e. responding to the questions raised in the order they are asked, we will not respond to all questions. The reason is that EHN does not have experience with the current MDGs as they did not include chronic noncommunicable diseases (NCDs). **We do believe, however, that the post-2015 development framework needs to include NCDs.** Below we set out why:

- An estimated 36 million of the 57 million global deaths – more than 60% – are due to NCDs: principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. 9 million deaths occur before the age of 60. Nearly 80 per cent of those deaths occur in developing countries.
- NCDs are largely preventable: up to 80% of heart disease, stroke and type 2 diabetes and over a third of cancers could be prevented by eliminating shared risk factors, mainly tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol.
- At its sixty-sixth session, the United Nations' General Assembly adopted political declaration on the prevention and control of NCDs, in which all heads of states and governments:
  - Acknowledged that the **global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century.** These diseases undermine social and economic development throughout the world, and threaten the achievement of internationally agreed development goals;
  - Recognized that **non-communicable diseases are a threat to the economies of both affluent and poor Member States, and may lead to increasing inequalities between countries and populations;**

- Recognized the **primary role and responsibility of Governments in responding** to the challenge of non-communicable diseases. Governments need to ensure the engagement of all sectors of society in a major effort to generate effective responses for the prevention and control of non-communicable diseases;
  - Reaffirmed **the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.**
- The global economic impact of the five leading NCDs (cardiovascular disease, chronic respiratory disease, cancer, diabetes and mental ill-health) may total US\$ 47 trillion by 2030.<sup>1</sup>

## Public consultation questions

### A. The MDGs: Benefits and Limitations

#### 5. In your view, what are the main gaps, if any, in the MDG framework?

The omission of NCDs as a threat to global health and wellbeing and overall development is a critical gap in the MDG framework.

As evidenced below, NCDs are clearly linked to development priorities in the current MDG framework:

- **MDG 1: Poverty-** A reduction of adult NCD mortality promotes poverty reduction,<sup>2</sup> and subsidized NCD care reduces impoverishment.<sup>3</sup>
- **MDG 3: Gender equality-** NCDs are the leading cause of death in women in most countries. Addressing NCDs promotes women's health and increases opportunities and promotes empowerment for women and girls.
- **MDG 4+5: Maternal and Child Health-** Poor maternal health and under-nutrition increases the risk of NCDs (particularly diabetes and cardiovascular disease) in future generations, and certain NCDs (gestational diabetes) if undiagnosed can be life-threatening maternal health issues.
- **MDG 6: Infectious disease-** NCDs are strongly linked with infectious diseases, including HPV causing some cervical cancer; tobacco use increasing the risk of TB and diabetes increasing new cases of TB;<sup>4</sup> and people living with HIV/AIDS often having high rates of NCDs.<sup>5</sup>

The MDG framework does not account for these linkages, nor does it articulate them in the form of achievable targets and development indicators.

There has been an overall lack of focus on health systems strengthening. The focus of health systems is on acute care rather than chronic care. In re-orienting the health systems, attention must be given in treating the whole person, rather than by disease. One of the important aspects of health systems strengthening is increasing the capacity of the health personnel. Human resources in health should

<sup>1</sup>[http://www3.weforum.org/docs/WEF\\_Harvard\\_HE\\_GlobalEconomicBurdenNonCommunicableDiseases\\_2011.pdf](http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf)

<sup>2</sup>Stuckler D, Basu S, McKee M. *Drivers of inequality in Millennium Development Goal progress: a statistical analysis*, PLoS Med 7(3):e1000241. doi:10.1371/journal.pmed.1000241

<sup>3</sup>Shi W, Chongsuvivatwong V, Geater A, et al. *Effect of household and village characteristics on financial catastrophe and impoverishment due to health care spending in western and central rural China: a multilevel analysis*. Health Res Policy Syst 2011; **9**: 16.

<sup>4</sup>Creswell J, Raviglione M, Ottmani S, et al. *Tuberculosis and noncommunicable diseases: neglected links and missed opportunities*. Eur Respir J 2011; **37**: 1269–82.

<sup>5</sup>Blanco F, San Román J, Vispo E, et al. *Management of metabolic complications and cardiovascular risk in HIV-infected patients*. AIDS Rev 2010; **12**: 231–41.

strengthen their capacity to identify and care for people with chronic diseases. With the lack of appropriate personnel, an emphasis should be placed on recruitment; training and placement of health care personnel to better address health issues globally.

### **C. The potential scope of a future agenda**

#### **9. In your view, what should be the primary purpose of a future framework?**

The 2000 Millennium Declaration said: “we have a collective responsibility to *uphold the principles of human dignity, equality and equity at the global level. As leaders we have a duty therefore to all the world’s people, especially the most vulnerable and, in particular, the children of the world, to whom the future belongs.*” This declaration remains true today. But the purpose of the future framework must also include human rights and sustainability. The role of the economic operators in the future framework, i.e. their responsibility as vectors of diseases (tobacco, marketing of unhealthy food, alcohol), should be included in the purpose.<sup>6</sup>

#### **10. In your view, should its scope be global, relevant for all countries?**

Yes, the future agenda should be globally relevant, with goals and indicators that are adaptable for country specific issues. The future agenda must avoid a one-size fits all framework. With the formulation of the Sustainable Development Goals, the goals will be applicable for all countries thus the future development framework should ensure that it is similar since these two processes will ultimately feed into each other.

#### **11. To what extent should a future framework focus on the poorest and most fragile countries, or also address development objectives relevant in other countries?**

The future framework should concentrate on the three principles of the Millennium Declaration- human rights, equality and sustainability. Under these three principles, it will allow for the participation of all countries since it is global prescription for development. The ultimate objective should be to reduce inequalities within and across countries toward improved human development, achievements that would be enabled through the development of a universally applicable development framework.

#### **12. How could a new development agenda involve new actors, including the private sector and emerging donors?**

Involvement of new actors, including the private sector, may be useful. However, the private sector and vested interests should not be involved in policy development, strategy development, norms or standards setting.

#### **13. How could a future framework support improved policy coherence for development (PCD), at global, EU and country levels?**

Policy coherence for development is essential to achieve any of the objectives of the future global development agenda. Non-aid policies can assist countries in developing the necessary responses to the issues affecting them the most. Policy coherence for development explores ways to ensure that government policies are mutually supportive of the countries' development goals. The synergy between aid and non-aid development policy objectives is a prescription EHN would support since, to prevent and control NCDs, a multi-sectorial response is required. PCD targets sectors that are not traditionally aid driven which are important for the response to NCDs.

A future framework must build on and promote existing international and regional policies, e.g. the Framework Convention of Tobacco Control (FCTC) and EU regulations or policy declarations that aim at

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<sup>6</sup> Gilmore (2012) Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease? Journal of Public Health Vol. 33, No. 1, pp. 2–4.

preventing avoidable death and disease, particularly from NCDs. Conversely, regions like Europe need to set an example in adopting progressive policies on tobacco, marketing of foods high in fat, salt and sugar, and alcohol.

#### **D. The potential shape of a future agenda**

**15. What do you consider to be the "top 3" most important features or elements which should be *included* in or ensured by any future development agenda?**

- Recognition of good health as the driver of human development
- Acknowledgment of equal attention to social and economic development priorities
- Support of a holistic and life-course approach to human health, based on access to a health-promoting environment and affordable primary care and treatment for diseases and conditions.

**16. What do you consider to be the "top 3" features or elements which must be *avoided* in any future development agenda?**

- Failure to appreciate the inter-linkage between economic activity and social and health outcomes
- Vague objectives: the framework must have clear targets and indicators

**17. Should it be based on goals, targets and indicators? If any, should goals have an outcome or sector focus? Please give reasons for your answer.**

Yes, it should be based on goals, target and indicators. In terms of prevention and control of NCDs, EHN supports the targets and indicators included in the WHO discussion paper *A comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases*.<sup>7</sup>

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<sup>7</sup> [http://www.who.int/nmh/events/2012/discussion\\_paper3.pdf](http://www.who.int/nmh/events/2012/discussion_paper3.pdf)