

Why health matters to human development

Helen Clark

Helen Clark, Administrator of the UN Development Programme, reflects on the development agenda post-2015 and explains how better prevention and care of Non-communicable Diseases fit into her vision for a broader development goal thereby decreasing the threat NCDs pose to progress.



The preamble to the Constitution of the World Health Organization, agreed in 1946, defined health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'. That definition stands to this day. It reminds us that good health is built on broad foundations, and is about rather more than the absence of illness.

The United Nations Development Programme (UNDP), the organization I head, is not a specialized health agency. Yet, our core mandate of helping countries to tackle poverty, promote gender equality, and achieve sustainable human development is highly relevant to lifting health status. In that sense, it can complement the work of the World Health Organization (WHO) and other specialized global health agencies.

There can be no doubt that poverty impacts adversely on health, as do both inequality in general and gender inequality. To lift health status and make the right to health a reality, it is vital to

tackle poverty and inequality in all their dimensions. That too places health at the centre of the development agenda. The Alma Ata Declaration of WHO's 1978 International Conference on Primary Health Care proclaimed that: 'the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.'

As head of UNDP, the Alma Ata Declaration helps me place health status in that broader developmental context. UNDP's own strategy for tackling HIV, 'HIV, Health, and Development,' is based on our understanding that 'just as health shapes development, development shapes health'. It is therefore vital to tackle health challenges on a cross-sectoral basis. Action in the health sector alone will not produce the gains in health status and development we all want to see. The final report of the Commission on Social Determinants of Health, established by WHO in 2005,

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reinforces the importance of cross-sectoral strategies and action.

In September 2011, the UN General Assembly held its first ever High Level Meeting on NCDs, bringing together world leaders, ministers, and other stakeholders within and beyond the health sector. The meeting issued a Political Declaration recognizing NCDs as not only a global health concern, but also as a threat to social and economic development.

The UN Conference on Sustainable Development in Rio de Janeiro in June 2012 weighed in along similar lines, stating in its outcome document that 'health is a precondition for and an outcome of all three dimensions of sustainable development' – the economic, social, and environmental.

Health and the MDGs

Health was placed at the very centre of the development agenda in the Millennium Development Goals (MDGs) promulgated by UN Secretary-General Kofi Annan in 2000. The MDGs focus on basic benchmarks of progress in human development. They set out to: reduce poverty and hunger; empower women and girls; reduce the incidence of specified diseases and maternal and

child mortality; increase access to education, clean water, and sanitation; protect the environment; and forge strong global partnerships for development.

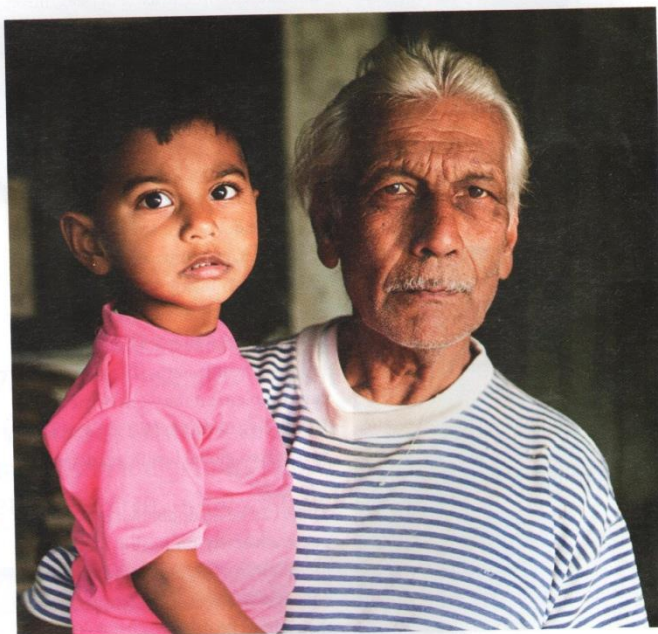
NCDs were not covered in the MDGs, but are increasingly recognised as a very significant health problem in developing countries. Indeed, nearly 80% of global NCD deaths are estimated to occur in developing countries.

NCDs have striking socio-economic impacts: at the macro level, morbidity and mortality related to NCDs sap productivity among working age populations. China, India and Russia were estimated to lose USD 23-53 billion per year between 2005 and 2015 because of heart disease, stroke, and diabetes alone. For low-income countries, managing NCDs can be very expensive, and puts a severe strain on already overburdened health

systems. At the household level, NCDs can push families into poverty when adequate social protection measures, such as health and disability cover and access to services, are not available.

Evidence suggests that policies, which directly target the use of tobacco, alcohol, and obesogenic food and drinks, through taxation, production, and advertising restrictions, can have a positive effect on NCD prevention and control. The UN has been supporting Ministries of Trade and Health in the South Pacific to review import tariffs on unhealthy foods, because we believe that reforming such laws and policies can help reduce the incidence of NCDs. Public policy in other areas as wide ranging as sport and recreation, transport, urban planning, the environment, access to clean energy, and more could also help tackle the NCD burden.

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The question now is: can the time bound, measurable, and easily communicated approach of the MDGs be brought to bear in the post-2015 development agenda on the threat posed to global health by the NCDs?

UNDP is not a specialist health agency. We are a general development agency working within the human development paradigm. Our work is a natural complement to that of WHO and other specialized global health agencies.

Action on a much broader front is needed, including on tackling the socio-economic determinants of health

Sustainable development calls for integrated policy-making across the economic, social, and environmental spheres – an approach highly consistent with the multisectoral approach required to address NCDs. One of the challenges in this approach, and in designing sustainable development goals, is to ensure that economic and social development and environment actors work together.

So what could the unifying concepts for a global health goal be? There is strong advocacy for a focus on universal health coverage, and also some opposition. The UN General Assembly passed a resolution last December, recommending that: 'consideration be given to including universal health coverage in the discussions on the post-2015 development agenda in the context of global health challenges', and asserting that 'the provision of universal health coverage is mutually reinforcing with the implementation of the Political Declaration on the Prevention and Control of NCDs'.

The concept of universal health coverage should be seen as covering preventive and long term care services as well as acute illness services. The concept is a departure from the element of verticality inherent in the current health-related MDGs, and, to some extent it addresses concerns of equity and inclusion, particularly for those who are financially excluded from accessing healthcare. Given the persistent, and likely growing, inequities in NCD burdens within countries, universal health coverage could offer a means of ensuring that everyone affected by them has access to the services they need, especially to essential medicines for NCDs – and is not impoverished as a result.

Universal health coverage, however, desirable as it is, will not in itself deliver higher health status. Action on a much broader front is needed, including on tackling the socio-economic determinants of health. That is because various forms of stigma, discrimination, and marginalization, rooted in laws, policies, and economic, social, cultural, and other factors, have profound impacts on health status, and on whether people will access health services even when they are readily available.

At UNDP we know this well from our work with the Global Commission on HIV and the Law. Its report shows how discriminatory laws and stigma can prevent people seeking HIV services – even where the services are available. Indeed such discrimination can also be a constraint on MDG progress in general.

Moreover, social determinants shape not only access to and the use of services, but also the pattern of the underlying risks themselves. Risk factors for NCDs – such as tobacco and harmful alcohol use, and consumption of foods high in salt,

saturated fats, and processed sugars – are influenced by underlying policy choices which span the areas of, for example, agriculture, trade, intellectual property and trade law, tax policies, and attitudes to regulation. Similarly, preventive behaviours, such as physical activity, can be impacted by public policy in areas as wide ranging as sport and recreation, transport, and urban planning.

A broader chapeau for a health goal could therefore be envisaged – possibly around 'universal health' – as in the Almaty Declaration's 'Health for All' – or maximizing 'healthy life', beneath which specific targets could be set; for example, for progress towards universal health coverage and on tackling the drivers of ill health. Such a goal could encourage multisectoral action on social determinants of health, embrace WHO's agreed goal of a 25% reduction in premature mortality from NCDs by 2025, and adopt targets for tackling major drivers of NCDs as agreed by the WHO Executive Board last month. A key lesson from the experience of working with the MDGs is the need for focus on a small set of clear targets.

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Helen Clark is the Administrator of the United Nations Development Programme and the Former Prime Minister of New Zealand.