

NCD Countdown 2025: accountability for the 25 × 25 NCD mortality reduction target



In 2012, all countries committed to achieving a 25% reduction in premature mortality from non-communicable diseases (NCDs) by 2025 (the 25×25 target). In 2013, countries also agreed to a set of voluntary targets for risk factors and health systems.¹ Unlike the Millennium Development Goals (MDGs), which were directed at low-income and middle-income countries, NCD targets are for all countries. Achieving targets for just six NCD risk factors (tobacco and alcohol use, salt intake, obesity, and raised blood pressure and glucose) will come close to achieving the global 25×25 target, especially if a more ambitious tobacco reduction target is adopted.² Achieving the two health-system targets will bring additional gains. One concrete outcome of the UN General Assembly High-Level Review of NCDs on July 10–11, 2014, in New York, USA, will be to call for national NCD targets that are at least as ambitious as the globally agreed targets. Policies to meet these targets are the responsibilities of countries, supported by other global agreements, such as those on trade and intellectual property.

The UN Secretary-General has underlined the importance of accountability for global initiatives.³ Accountability for NCDs at the national level—measurement and review of progress and stimulating follow-up action to achieve agreed targets—is essential to ensure progress.⁴ An example of an effective accountability mechanism is Countdown to 2015 for Maternal, Newborn and Child Survival that was initiated by academics but quickly involved a wide range of partners, including UN agencies such as WHO and UNICEF.^{5,6} Countdown to 2015 has generated attention and swift action on MDGs 4 and 5, and has provided a continuous opportunity to review progress and hold countries and their partners accountable. Lessons from Countdown to 2015 include the importance of collaboration and inclusiveness; adaptation of global targets to the national situation; regular measurement; transparent review and publication of progress on priority interventions and outcomes; strong engagement of academia and civil society; regular reports based on fairly simple summaries of country progress; and adequate resources. Countdown to 2015, while retaining a core of basic information, has evolved to include

detailed country reports and shows the value of a strong and independent partnership for global health.

To encourage and facilitate similar action on accountability, NCD Countdown 2025 has been formed as a collaboration initially between the *Lancet* NCD Action Group, comprised largely of global health academics,⁷ and the NCD Alliance, a network of more than 2000 civil society organisations. The key NCD outcomes for which countries are accountable are found in the 2011 Political Declaration of the UN High-Level Meeting on NCDs,⁸ the WHO Global Monitoring Framework on NCDs, and the Global NCD Action Plan 2013–2020.¹

The draft NCD Countdown 2025 country template, which summarises key NCD data and progress for each country, builds on several initiatives, including from the Caribbean, the Eastern Mediterranean Region, the NCD Alliance Benchmarking Tool,⁹ and WHO's NCD country profiles.¹⁰ The Healthy Caribbean Coalition has prepared an in-depth and comprehensive assessment of NCDs from the perspective of civil society. Progress in the Caribbean has been strong on statements of support, agreements, and policy positions but less so on implementation, monitoring, and evaluation.¹¹ WHO's Regional Office for the Eastern Mediterranean has prepared a country template using a traffic light system to assess progress. The NCD Alliance benchmarking exercise measures the implementation of priority NCD policy objectives in South Africa, Brazil, and east Africa.⁹ The UnitedHealth Group/National Heart, Lung, and Blood Institute Centres of Excellence programme is developing a detailed protocol for the assessment of NCD progress.¹²

NCD Countdown 2025 will use data from WHO and directly from countries to monitor and review country progress on NCDs. A report will be produced together with country profiles to highlight progress and gaps in political and technical commitments, thus providing a tool for all stakeholders to use to advocate action on NCDs and to hold governments accountable to their commitments.

The draft NCD Countdown 2025 accountability template, shown for New Zealand (figure), covers four major components: basic demographic and mortality data; trends in probabilities of dying from NCDs and projected progress towards the 25×25 target; data on

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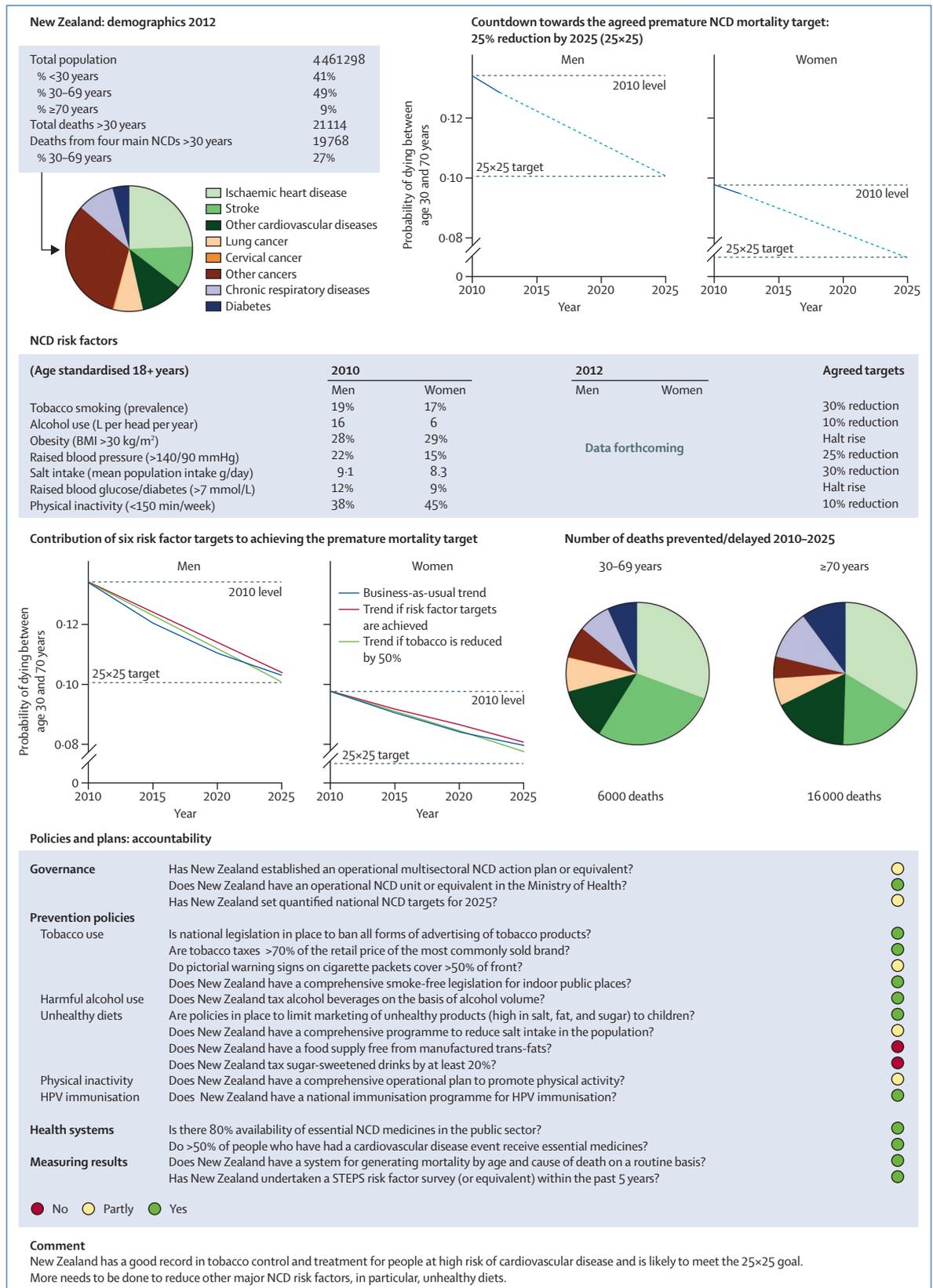


Figure: Draft NCD Countdown 2025 reporting template with the example of New Zealand

major NCD risk factors; status on policies and plans; and a comment on the actions required to accelerate progress. The focus of NCD Countdown 2025 will change as data become available, for example, on equity, intervention coverage, and the domestic and external financial commitments for NCDs.

For NCD Countdown 2025 to become a useful accountability mechanism, however, certain issues need to be addressed: development of an inclusive governance structure and secretariat; sustainable funding; responsiveness to new evidence while retaining focus on core issues; and the inclusion of a range of partners, especially WHO and donors. We welcome integration of the accountability mechanism for NCDs with that of maternal, newborn, and child survival. NCD Countdown 2025 offers an independent mechanism to facilitate national accountability and the transition from statements to action on NCDs.

*Robert Beaglehole, Ruth Bonita, Majid Ezzati, George Alleyne, Katie Dain, Sandeep P Kishore, Richard Horton
42 Albert Rd, Auckland 0624, New Zealand (RBe); University of Auckland, Auckland, New Zealand (RBe, RBo); MRC-PHE Centre for Environment and Health, Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, London, UK (ME); Pan American Health Organization, Washington, DC, USA (GA); The NCD Alliance, London, UK (KD); Young Professionals Chronic Disease Network, New Haven, USA (SPK); and *The Lancet*, London, UK (RH)
r.beaglehole@auckland.ac.nz

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The world we want for every newborn child

That our newest and youngest citizens have a better chance of survival today than they did 20 years ago is a huge achievement. Worldwide, neonatal mortality has decreased by 2% each year between 1990 and 2012, from 33 to 21 deaths per 1000 livebirths.^{1,2} This success is due to several factors, one of which is surely the existence of an extremely dedicated group of scientists who have not only generated the evidence to save newborn lives but have also led the advocacy campaign for change. Although the world has certainly improved for newborn babies, progress has been considerably slower than for mothers and children. As a result, neonates are an increasing proportion (44%) of deaths in children younger than 5 years.¹ This share is rising in every region and almost

all countries. Every year, 2.9 million newborn babies die from largely preventable causes, and 2.6 million more are stillborn.² These remain appallingly high numbers.

The *Lancet* Every Newborn Series aims to accelerate action for newborn babies; it updates and extends the evidence from our first Series in 2005 and sets out the best strategy for future efforts to save newborn lives and improve neonatal health. We owe a huge amount of gratitude to Joy Lawn and Zulfiqar Bhutta in particular: they have led the development, discussions, and drafting of the five papers in the Series.

Interventions across the continuum of care (pre-conception, antenatal, intrapartum, postnatal) and in the community are essential for women, mothers,



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