

Development Co-operation Directorate
Development Assistance Committee

DAC Working Party on Development Finance Statistics

ADJUSTING PURPOSE CODES AND POLICY MARKERS IN LIGHT OF THE SDGS

Proposal on noncommunicable diseases

Formal meeting of the Working Party on Development Finance Statistics (WP-STAT), 20-21 June 2017

This note is presented for APPROVAL under item 11.a of the draft annotated agenda [DCD/DAC/STAT/A(2017)2].

The note proposes to update the CRS purpose codes in light of the SDGs by introducing five new codes for noncommunicable diseases.

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ADJUSTING PURPOSE CODES IN LIGHT OF THE SUSTAINABLE DEVELOPMENT GOALS (SDGS) – NONCOMMUNICABLE DISEASES

1. At its meetings over the past two years, the Working Party on Development Finance Statistics (WP-STAT) has discussed possible adjustments to the CRS purpose codes and policy markers to better align them with the 2030 Agenda for Sustainable Development. While they generally map well with the SDGs, some gaps do exist and the Secretariat has received requests from various stakeholders to adapt the classifications to make them more useful for the monitoring of development co-operation [official development assistance (ODA) and broader development finance] in support of the 2030 Agenda.

2. This note invites members to approve a proposal to introduce in the CRS **a new sub-sector and five new purpose codes for reporting on noncommunicable diseases (NCDs)**.¹ A revised draft proposal, taking into account members' comments on a first proposal² for introducing purpose codes for NCDs, was presented for discussion at the WP-STAT informal meeting on 28 February-1 March 2017. The proposal below is the same as in DCD/DAC/STAT(2017)6 except for modifications to the clarification notes for code 12191.

3. The proposal is presented in detail in Tables 1 and 2 (codes will be assigned once proposals have been approved by members) for implementation in 2019 reporting on 2018 activities.

Background to the proposal

4. In 2011, WHO estimated that the vast majority of the premature deaths of individuals from NCDs (85% or 11.8 million) between the ages of 30 and 70 occurred in developing countries. The probability of dying from any of the major NCDs (cardiovascular diseases, cancers, diabetes, chronic respiratory diseases) between the ages of 30 and 70 ranged from 10% in developed countries to more than 40% in developing countries. It was estimated that up to two-thirds of premature deaths from NCDs are linked to exposure to risk factors (tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity) and up to half of all such deaths were linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs.

5. A study conducted in 2011 by the Harvard School of Public Health and the World Economic Forum demonstrated that over the period 2011-25, the cumulative lost output in developing countries associated with the four major NCDs is projected to be more than USD 7 trillion. The annual loss of approximately USD 500 billion amounted to approximately 4% of gross domestic product for developing countries in 2010. A WHO study on implementing a package of highly cost-effective "best buy" interventions for the prevention and control of NCDs for the period 2011-25 in all developing countries estimated the cost of action at USD 11 billion per year.

1. Proposals on investment, nutrition, migration and humanitarian assistance and disaster risk reduction are circulated in separate papers.

2. DCD/DAC/STAT/RD(2016)2/RD4 was presented to the WP-STAT at its July 2016 meeting.

6. Recognizing that premature mortality from NCDs in developing countries constitutes one of the major challenges for development in the 21st century, Heads of State and Government agreed in September 2011 at the first High-level Meeting of the United Nations General Assembly on NCDs on a bold set of commitments to address NCDs. The road map for developing national responses to NCDs was included in the 2011 UN Political Declaration on NCDs (resolution A/RES/66/2) which was adopted at that meeting, as well as the 2014 UN Outcome document on NCDs (resolution A/RES/68/300) which was adopted at the second High-level Meeting in NCDs. Paragraph 33 of the 2014 Outcome Document of the UN General Assembly on NCDs *“invites the Development Assistance Committee of the Organization for Economic Cooperation and Development to consider developing a purpose code for NCDs in order to improve the tracking of official development assistance in support of national efforts for the prevention and control of NCDs.”*

7. 2015 was a year of historic decisions when global leaders decided at two other high-level international meetings to include NCDs in the new global Sustainable Development Goals – a major health issue that the Millennium Development Goals did not address.

8. As part of the Addis Ababa Action Agenda (resolution A/RES/69/313) adopted at the Third United Nations International Conference on Financing for Development (Addis Ababa, 13–16 July 2015), Heads of State and Government noted the enormous burden that NCDs place on developed and developing countries, and recognised, in particular, that, as part of a comprehensive strategy of prevention and control of NCDs, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs and represent a revenue stream for financing for development in many countries.

9. The 2030 Agenda for Sustainable Development (resolution A/RES/70/1), adopted at the United Nations Summit on Sustainable Development (New York, 25–27 September 2015), recognises NCDs as a major challenge for sustainable development. As part of the Agenda, Heads of State and Government made the commitment to develop ambitious national responses to the overall implementation of this Agenda, including SDG targets 3.4, 3.5, 3.8, 3.a and 3.b.

10. The latest data from WHO indicates that NCDs were responsible for around 38 million deaths per year, accounting for 68% of all deaths worldwide (2012). Of deaths under the age of 70 years, commonly referred to as premature deaths, an estimated 52% were due to NCDs. Over three-quarters of those premature deaths were caused by cardiovascular diseases, cancer, diabetes and chronic respiratory disease. Globally, premature mortality from these four main NCDs declined by 15% between 2000 and 2012. This rate of decline is insufficient to meet SDG target 3.4 of a one-third reduction of premature deaths from NCDs.

Proposal

11. **Members are invited to approve the proposal to introduce five new CRS codes on noncommunicable diseases in a new DAC5 sub-sector (Table 1) and to adjust the codes in the current classification accordingly (Table 2).**

Table 1. Proposal to introduce a new DAC5 sub-sector on Noncommunicable diseases				
DAC code	CRS code	SDG target	Description	Clarifications / Additional notes on coverage
123 new			Noncommunicable diseases (NCDs)	
	123xx new	3.a	Tobacco use control	Population/individual measures and interventions to reduce all forms of tobacco use in any form. Includes activities related to the implementation of the WHO Framework Convention on Tobacco Control, including specific high-impact demand reduction measures for effective tobacco control.
	123xx new	3.5	Control of harmful use of alcohol and drugs	Prevention and reduction of harmful use of alcohol and psychoactive drugs; development, implementation, monitoring and evaluation of prevention and treatment strategies, programmes and interventions; early identification and management of health conditions caused by use of alcohol and drugs [excluding narcotics traffic control (16063)].
	123xx new	3.4	Promotion of mental health and well-being	Promotion of programmes and interventions which support mental health and well-being resiliency; prevention, care and support to individuals vulnerable to suicide.
	123xx new	3.b	Research for prevention and control of NCDs	Research to enhance understanding of NCDs, their risk factors, epidemiology, social determinants and economic impact; translational and implementation research to enhance operationalisation of cost-effective strategies to prevent and control NCDs; surveillance and monitoring of NCD mortality, morbidity, risk factor exposures, and national capacity to prevent and control NCDs.

	123x x new	3.4	Other prevention and treatment of NCDs	<p>Population/individual measures to reduce exposure to unhealthy diets and physical inactivity and to strengthen capacity for prevention, early detection, treatment and sustained management of NCDs <u>including</u>:</p> <p>Cardiovascular disease control: Prevention, screening and treatment of cardiovascular diseases (including hypertension, hyperlipidaemia, ischaemic heart diseases, stroke, rheumatic heart disease, congenital heart disease, heart failure, etc.).</p> <p>Diabetes control: Prevention, screening, diagnosis, treatment and management of complications from all types of diabetes. Exposure to physical inactivity: Promotion of physical activity through supportive built environment (urban design, transport), sports, health care, schools and community programmes and mass media campaign.</p> <p>Exposure to unhealthy diet: Programmes and interventions that promote healthy diet through reduced consumption of salt, sugar and fats and increased consumption of fruits and vegetables e.g. food reformulation, nutrient labelling, food taxes, marketing restriction on unhealthy foods, nutrition education and counselling, and settings-based interventions (schools, workplaces, villages, communities).</p> <p>Cancer control: Prevention (including immunisation, HPV and HBV), early diagnosis (including pathology), screening, treatment (e.g. radiotherapy, chemotherapy, surgery) and palliative care for all types of cancers. Implementation, maintenance and improvement of cancer registries are also included.</p> <p>Chronic respiratory diseases: Prevention, early diagnosis and treatment of chronic respiratory diseases, including asthma.</p> <p><u>Excludes:</u> Tobacco use control (123xx), Control of harmful use of alcohol and drugs (123xx), research for the prevention and control of NCDs (123xx).</p>
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Table 2. Impact on current codes 11230, 12110, 12182, 12191, 12220 and 21010

CRS code	Impact on historical series	Voluntary code	Description	Clarifications / Additional notes on coverage
11230 clarification of coverage			Basic life skills for youth and adults	Formal and non-formal education for basic life skills for young people and adults (adults education); literacy and numeracy training. Excludes health education (12261) and activities related to prevention of noncommunicable diseases. (123xx).
		11231	<i>Basic life skills for youth</i>	<i>Formal and non-formal education for basic life skills for young people.</i>
		11232	<i>Primary education equivalent for adults</i>	<i>Formal primary education for adults.</i>
12110 clarification of coverage			Health policy and administrative management	Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; <u>including health system strengthening and health governance</u> ; unspecified health activities.
12182 modify coverage	Break in CRS code and DAC5 sub-sector but no impact on broader health sector		Medical research	General medical research (excluding basic health research <u>and research for prevention and control of NCDs 123xx</u>).
12191 modify coverage	Break in CRS code and DAC5 sub-sector but no impact on broader health sector		Medical services	Laboratories, specialised clinics and hospitals (including equipment and supplies); ambulances; dental services; mental health care ; medical rehabilitation control of non-infectious diseases ; drug and substance abuse control [excluding narcotics traffic control (16063)] . <u>Excludes noncommunicable diseases (123xx)</u> .
12220 clarification of coverage			Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care; <u>activities aimed at achieving universal health coverage</u> .
21010 clarification of coverage			Transport policy and administrative management	Transport sector policy, planning and programmes; aid to transport ministries; institution capacity building and advice; unspecified transport; activities that combine road, rail, water and/or air transport. <u>Includes prevention of road accidents</u> . Whenever possible, report transport of goods under the sector of the good being transported.

		21011	<i>Transport policy, planning and administration</i>	<i>Administration of affairs and services concerning transport systems.</i>
		21012	<i>Public transport services</i>	<i>Administration of affairs and services concerning public transport.</i>
		21013	<i>Transport regulation</i>	<i>Supervision and regulation of users, operations, construction and maintenance of transport systems (registration, licensing, inspection of equipment, operator skills and training; safety standards, franchises, tariffs, levels of service, etc.).</i>