CMF Response to the UN-NGLS Civil Society Consultation for the Secretary-General, General Assembly and OWG on SDGs on the Report of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda (Post-2015 HLP)

This paper is submitted by the Christian Medical Fellowship (CMF)[1], a network of 4,000 doctors and 800 medical students in the UK. We have a strong interest in global health, with over 170 of our members currently living and working in low income countries and hundreds more who are involved in regular short-term visits. Through the International Christian Medical and Dental Association (ICMDA) we are affiliated with over 80 national Christian medical organisations around the world, many of which are in low-income countries.

Introduction

CMF appreciates the opportunity to engage with the UN-NGLS Civil Society consultation process. Our comments are focussed on the High Level Panel (Post-2015 HLP) report on the five transformational shifts and in particular on the fourth goal to 'Ensure Healthy Lives'.

As an association of medical doctors we see the daily impact of an individual's faith on their physical and mental wellbeing. We consider that the fundamental link between an individual's faith and their health must be expressly recognised in the post-2015 development agenda and recommend and request that governments commit to allow all individuals freedom to choose and practice their faith.

This paper includes the online responses made on the World We Want 2015 website for the UN-NGLS consultation in July 2013.

Section 1: The narrative sections of the reports: Post-2015 HLP report: Pages 1-12 and 21-28

Question 1: What do you agree with about the narrative sections and why?

1. *We welcome the fundamental idea of 'well-being' at the centre of these transformational shift. Our assessment is that human beings are complex beings with social, cultural, political, economic, environmental, bodily, mental and spiritual dimensions. The recognition that wellbeing is based upon a combination of multiple factors including mental and spiritual dimensions gives us grounds for*

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optimism in the post-2015 agenda, subject of course to these being adequately addressed by governments.

2. *The Millennium Development Goals expressed noble aspirations and in many ways been responsible for some remarkable progress in many areas. However, we consider that they were lacking in*

    a. *Not being fully inclusive of the most marginalised – not just the poorest of the poor, but other marginal groups, especially those living with disability and long-term physical and mental illness but also the elderly, the new-born and unborn and the terminally ill. Any new set of goals must address these and other marginalised groups.*

    b. *Functioning in development silos – so that resources were put into overlapping projects, which was both wasteful and often ineffective. Any new set of goals must look at the totality of the needs of a community and a nation.*

3. *We agree that the goals must be universal – not just addressed at poor nations but the developed nations as well. We have a responsibility for good stewardship of the environment, caring for the needs of the poor and marginalised and speaking out for truth and justice. But if we are failing to address these issues within our own nations, those of us in the wealthier nations will be hypocritical to address the needs of the poorer countries of the world. We are concerned that already the UK seems to be backing away from this idea, and that where our nation leads, others will follow*
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4. *We are encouraged that disability is expressly mentioned within the first transformational shift, as the care for and inclusion of those living with disabilities within any society is one of the fundamental issues of universality. We would also recommend the inclusion of the elderly, those living with disability and long-term physical and mental illness the very young (including the new-born and the unborn) within such a framework of inclusion, as these are other vulnerable groups regularly neglected by governments and in development circles.*

Questions 2: What do you disagree with about the narrative sections, and what do you propose instead?

1. *We are concerned that the explicit statements about well-being and inclusiveness do not expressly include, and appear to ignore spiritual and faith dimensions. Everyone has a faith, a personal belief system, even if their individual belief is one which does not include a greater being than themselves. Faith is in integral part of our humanity, and freedom to choose and express our faith is essential to mental and physical wellbeing. Faith and spirituality play a vital role in the health and well-being of communities and individuals worldwide, and are significant for the majority of the world's population[2]. Research indicates increasingly that these beliefs affect health behaviours, outcomes from medical*

[2] *The Global Religious Landscape : A Report on the Size and Distribution of the World's Major Religious Groups as of 2010. Pew Research Centre See also Faiths and the Faithless, The Economist , 18th December 2012.*

interventions and recovery from illness[3]. Furthermore, faith communities and faith based organisations are often a focus for community action and bring the social capital that builds civil society and forms the bedrock for development and community health[4]. We feel it is a serious omission to ignore this dimension of human existence.

Section 2: Proposed goals, targets and indicators in the reports: Post-2015 HLP report: Pages 13-19 and Annexes I-III

Questions 1: What do you agree with about the goals, targets and indicators and why?

We have focussed our responses to Goal 4: Ensure Healthy Lives

1. *We support the inclusion of NCDs... NCDs are an increasing cause of mortality in developing nations and we consider the hitherto inadequacy or treatment availability to reflect fundamental health inequalities.*

Question 2: What do you disagree with about the goals, targets and indicators, and what do you propose instead?

We have focussed our responses to Goal 4: Ensure Healthy Lives

1. *There is no recognition within the targets or the narrative section of Goal 4 of the pivotal role of faith and spirituality in health and well-being. Faith (religious or otherwise) has a central role in health seeking behaviours, social cohesion, social capital and functioning of civil society. It has a significant impact on the health of the individual, both physical and mental.*

   The Global Burden of Disease Study 2010], [5]published last late last year shows that non-communicable diseases, such as cancer and heart disease, are becoming the dominant causes of death and disability worldwide. Many of these diseases have a strong lifestyle component and lifestyle choices are in turn profoundly influenced by faith beliefs and faith communities. Anxiety, depression, substance abuse (including alcohol and tobacco), dietary habits, exercise patterns, social and personal capital, are all affected by our beliefs, values and religious practices, as individuals and societies.

   Not only does faith bring positive health benefits to the individual but also to communities. Local faith communities such as churches, mosques and temples are often a focus for community action and bring

[3] *Bunn A and Randall D. a href="http://www.cmf.org.uk/publications/content.asp?context=article&id=25627" target="_blank">Health Benefits of Christian Faith. CMF 2011.*
[4] *Faith Partnership Principles - working effectively with faith groups to fight global poverty - briefing paper by DFID, UK. 2012*
[5] *http://www.thelancet.com/themed/global-burden-of-disease*

the social capital that builds civil society and forms the bedrock for development and community health. DFID has stated in its paper 'Faith Partnership Principles,'][6]
We therefore feel the ommission of any recognition of faith and spirituality within the wider goals is a serious ommission and we argue that it must be included and woven into the wider goals and the five transformational shifts.

2. *The absence of UHC as a specific target with the fourth goal is a significant ommission. While implicit within the targets that are included, the goal overall still does not go far enough in avoiding the silo based approach to health, focussing on specific illnesses and health priorities. More fundamental is making access to appropriate and affordable health care for all citizens, and we would therefore expect to see a specific target related to UHC within Goal 4.*

3. *There is minimal or no recognition of the significant burden of long-term illness, disability and mental health in Goal 4. While we support the recognition of NCDs within the targets, the ommission of mental health and disability is overlooking a significant part of the global disease burden and major obstacles to the aspirational goal of human well-being. We would therefore look to see targets aimed at addressing increased support and access for people with chronic illness and disability, and at addressing stigma and increasing access to health services for those living with mental illness.*

[6] *DFID Ibid.*