DISCUSSION PAPER

The Need for a Person-Centred, Inclusive NCD Agenda

NCD Alliance

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Photo Cover: Ali carries his father to a nearby hospital in Mymensing, Bangladesh.© 2015 Md Zakirul Mazed Konok. Courtesy of Photoshare.

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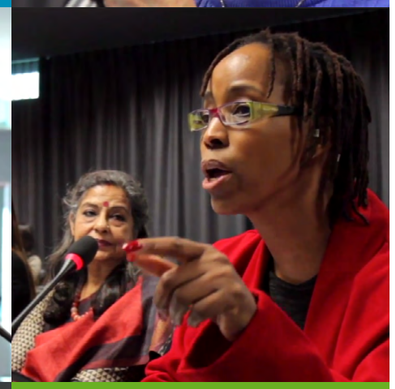
"People living with NCDs are so powerful, because of their knowledge and experience."

"I wish that my story could be heard by the government of my country."



"I do not want to sell my house to afford care."

"Don't speak for us, let us speak for ourselves."

Quotes and images: Advocates at the 2017 Our Views, Our Voices workshop building the Advocacy Agenda of People Living with NCDs.

OUR VIEWS, OUR VOICES

An initiative by the NCD Alliance and people living with NCDs

The *Our Views, Our Voices* initiative of the NCD Alliance and people living with NCDs (PLWNCDs) which was launched in 2017 is dedicated to promoting the meaningful involvement of PLWNCDs in the NCD response, supporting and enabling individuals to share their views to take action and drive change. It seeks to advance the rights of PLWNCDs and to combat stigma and discrimination. A new Our Views, Our Voices publication titled '**Towards an inclusive NCD agenda: A collection of lived experiences from around the world**' complements this discussion paper by illustrating the lived experiences of people living with a wide range of NCD conditions, noting commonalities in needs and challenges across different conditions.

Summary

Noncommunicable diseases (NCDs) are the most common cause of death and disability worldwide, and since 2010, they have increasingly gained political attention. The current global NCD agenda was developed through the 2011, 2014 and 2018 United Nations High-Level Meetings (UN HLMs) on NCDs, the WHO Global Action Plan for the Prevention and Control of NCDs, and the NCD Global Monitoring Framework, as well as the Sustainable Development Goals (SDGs) of Agenda 2030. This high-level political momentum has been a necessary cornerstone for a globally coordinated NCD response, and has been a major driver of vital action and resources for NCD prevention and control.

Ten years on from the initial UN HLM on NCDs, there is growing demand to evolve the NCD agenda with a two-fold intention: to accelerate action on the current "5x5" agenda where progress has been globally lacking and inadequate, whilst also exploring the opportunity for a more inclusive approach that leaves no one behind, a foundational principle of Agenda 2030. As the world aims to build back better from the COVID-19 pandemic, there is an opportunity to develop the current commitments and agenda in order recognise the many millions of people living with multiple NCDs and/or NCDs other than the major conditions, and ensure the agenda includes all ages, including people younger than 30 or older than 70 years.

This Discussion Paper will act as a starting point from which the NCD Alliance will explore how to support advocacy calling for a Person-Centred, Inclusive NCD Agenda. You are invited to please share your comments and suggestions with gdubois@ncdalliance.org.

A snapshot of the current NCD policy context

Noncommunicable diseases (NCDs) are the most common cause of death and disability worldwide, and since 2010 they have increasingly gained political attention. The 2011 and 2014 United Nations High-Level Meetings (UN HLMs) on NCDs and corresponding UN documents[1,2], as well as the WHO Global Action Plan for the Prevention and Control of NCDs and its 2025 global NCD targets[3], were based on a "4x4 agenda". They focused on four modifiable risk factors – tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets – and four major NCDs – cardiovascular disease (CVD), cancer, diabetes, and chronic respiratory disease. The 4x4 agenda is evidence-based, strategic and constructed to encourage political attention and action in a period of significant inertia on NCDs characterised by scant funding and data.

In 2018, the global NCD agenda was expanded through the third UN HLM on NCDs and UN Political Declaration[4], recognising air pollution as a major risk factor and adding mental health conditions and neurological disorders as a main NCD group. This is informally known as the "5x5 agenda". The 2018 Political Declaration also acknowledged the role of people living with NCDs (PLWNCDs) in the NCD response, reflecting a shift towards a more inclusive and people-centred approach.

The 2030 Agenda for Sustainable Development, with its 17 Sustainable Development Goals (SDGs), was adopted in 2015 and prioritises health for all at all ages as a crucial element of sustainable social, economic, and environmental development. The importance of NCD prevention and control is specifically acknowledged through SDG target 3.4, which was built off the WHO Global Monitoring Framework with a focus on premature mortality from the four major NCDs.[5] The 2019 UN HLM Political Declaration on Universal Health Coverage (UHC) also recognises the fundamental role of UHC for achieving the SDGs. The 2019 Political Declaration on UHC calls for governments to further strengthen efforts to address NCDs as part of UHC and emphasises the requisite of person-centred care which leaves no one behind.[6]

1 UN. Political declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Disease (66th sess.:2011-2012); 2011. https://digitallibrary.un.org/record/710899?ln=en (Accessed 29.07.2020).

2 UN. Outcome document of the High-Level Meeting of the General Assembly on the Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of Non-communicable Diseases (68th sess.:2013-2014); 2014. https://digitallibrary.un.org/record/774662?ln=en#record-files-collapse-header (Accessed 29.07.2020).

3 WHO. Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013-2020); 2013. https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf;jsessionid=057490D371799C1EC679960D22BC2CD1?sequence=1 (Accessed 29.07.2020).

4 UN. Political declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Disease (73rd sess.:2018-2019); 2018. https://digitallibrary.un.org/record/1648984?ln=en (Accessed 29.07.2020).

5 UN. Transforming our world: the 2030 Agenda for Sustainable Development (70th sess.:2014-2015);2015. https://undocs.org/en/A/RES/70/1 (Accessed 29.07.2020)

6 UN. Political Declaration of the High-Level Meeting on Universal Health Coverage (74th sess.:2018-2019); 2019. https://undocs.org/en/A/RES/74/2 (Accessed 29.07.2020)

HPV Vaccination in Sao Paulo, Brazil.

The current global NCD agenda has been a necessary cornerstone to raise political awareness and reinforce commitment for stronger coordinated action on NCDs worldwide. It has been instrumental to global and national NCD plans and policies, a major contribution to the growing political attention and leadership on NCDs, important in setting an agenda for the prevention and control of NCDs, and a catalyst in focusing attention, resources and accountability for NCDs. However, high-level commitments have yet to be fully followed-up with effective policy action and progress at the national level, with more than half of all countries currently off track to reach the 2025 NCD mortality target.[7] This is an unfinished agenda that demands sustained attention, particularly in the areas where progress is lagging far behind.

Building on the current commitments and agenda to accommodate the recognition of millions of people living with multiple NCDs and/or NCDs other than the major conditions, and people younger than 30 or older than 70 years, provides an opportunity to move towards a more inclusive NCD agenda.

There may be concerns that broadening the focus of the current commitments at this stage would risk diluting or impeding current efforts. However, there is growing demand and interest from different parts of the NCD community to build on these frameworks and move towards a more people-centred and inclusive agenda, founded on the SDG principle to "leave no one behind". The COVID-19 pandemic has been a catalyst for this, exposing the reality and challenges of multimorbidity and the interconnections between NCDs and COVID-19; emphasising the need to evolve siloed disease-specific policies and programmes to integrated, person-centred approaches; and providing an opportunity to reflect and consider how to build back the NCD agenda – and global health in general – in a more resilient and sustainable way.[8]

7 NCD Countdown 2030 Collaborators. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. The Lancet; 2020. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31761-X/fulltext (Accessed 07.10.2020)

8 NCDA. Briefing note: Impacts of COVID-19 on people living with NCDs; 2020. https://ncdalliance.org/resources/briefing-note-impacts-of-covid-19-on-people-living-with-ncds (Accessed 07.10.2020)

Strengthening the focus on younger and older people living with NCDs

The current focus on NCDs in people aged 30 to 70 years is in part due to the fact that the highest levels of preventable mortality from NCDs within the 4x4 approach fall within this age bracket. In addition, it calls attention to the absence of necessary data, and particularly the challenge of poorly-defined recording of causes of death for people over 70 in many countries, limiting the quality of NCD data.

However, expanding the NCD response beyond this age bracket would ensure full recognition and support of the need for a lifecourse approach to NCDs. Evidence indicates the necessity of NCD prevention and management services, integrated into countries' essential packages of care, throughout the lifecourse. Interventions to prevent the development of NCDs are most effective when implemented in early life; therefore, endorsing such approaches enables greater impact. In addition, the types of NCD and their impact varies according to age. This means that high-quality data is required across all age groups to ensure NCD services adequately meet each population's specific needs.

> "Youth friendly services should include components of NCDs and related risk factors."
>
> Our Views, Our Voices Advocacy Agenda consultation participant, Zanzibar

> "We lack programmes aimed at the elderly population, to not move them away from social and productive life."
>
> Our Views, Our Voices Advocacy Agenda consultation participant, Mexico

Occupational Therapist Karishma works with one of her patients in Bon Acceuil, Mauritius.

DISCUSSION PAPER
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Why is this important?

Currently, child and youth mortality within the four major NCDs (for example, Type 1 Diabetes Mellitus, asthma, childhood cancers, rheumatic heart disease, etc.) is not captured in the NCD Global Monitoring Framework's premature mortality reporting, as this type of reporting only includes people aged 30 to 70. Inclusion of reporting indicators for children, adolescents and youth, beyond risk factors, would encourage prioritisation of prevention, screening, diagnosis and care for young people, and could further encourage implementation of highly cost-effective measures for youth in the areas of tobacco and alcohol control, HPV vaccination programmes, and prevention of all forms of malnutrition, accruing life-saving benefits until and beyond 2030.

The Lancet Commission on Reframing NCDs and Injuries in the Poorest Billion (Lancet NCDI Poverty Commission) demonstrates that NCDs are prevalent among younger people in the most impoverished countries and communities. The Lancet NCDI Poverty Commission illustrates that, for the poorest people, NCDs and injuries (NCDIs) account for more than a third of their disease burden. This burden includes almost 800,000 deaths annually among those aged younger than 40 years, more than HIV, tuberculosis, and maternal deaths combined. The Commission calls for the implementation of affordable, cost-effective, and equitable NCDI interventions between 2020 and 2030 to save the lives of more than 4.6 million of the world's poorest, including 1.3 million who would otherwise die before the age of 40.[9]

It is estimated that by 2100, one quarter of the world's population will be over 65 years old.[10] Maintaining the current upper limit of 70 years in the Global Monitoring Framework risks excluding close to 25% of the world's population in the future. Not only is this unethical due to the resultant suffering, but it will also result in substantial economic and social costs in sectors other than health.

In UHC commitments, governments have committed to put the last mile first, which includes ensuring that women, children, youth and older people, and other marginalised populations such as racial minorities and Indigenous communities, homeless people, migrants, refugees and non-formal workers have access to equitable health services. This is of particular pertinence to the NCD response, due to the complex relationship between marginalised groups and increased prevalence of a variety of NCDs. However, the limitations of global NCD commitments do not encourage governments to pursue this aim.

Increased focus on a lifecourse approach to NCD prevention and management would empower ministries of health to focus on prevention and call for a whole of government approach to tackle the social determinants of health and the risk factors propagating NCDs. Implementation of cost-effective policy measures recommended by WHO (referred to as "best buys" and recommended interventions[11]) is an indispensable foundation for societies and people. Ensuring that all age groups – especially children, adolescents and young people – are reached by risk reduction programmes, and by health promotion and care for NCDs that considers the wider social and commercial determinants of health including social, biological, genetic and environmental factors, will enable maximum impact.

9 Bukhman G, Mocumbi AO, Atun R, et al. The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. The Lancet 2020;396:991-1044.

10 Vollset SE, Goren E, Yuan C-w et al. Fertility, mortality, migration, and population scenarios for 195 countries and territories from 2017 to 2100: a forecasting analysis for the Global Burden of Disease Study. Published Online July 14, 2020. The Lancet. https://doi.org/10.1016/S0140-6736(20)30677-2 (Accessed 05.08.2020).

11 WHO. Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013-2020); 2013. https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf;jsessionid=057490D371799C1EC679960D22BC2CD1?sequence=1 (Accessed 29.07.2020).

Broadening from mortality to morbidity and multimorbidity

The ongoing need to track and reduce deaths due to NCDs cannot be overemphasised. However, the NCD agenda's dominant focus on premature mortality (the probability of dying from one of the four major NCDs between the ages of 30 and 70 years, as defined by the Global Monitoring Framework and SDG 3.4) overlooks the importance of wellbeing.

Morbidity, which is the state of living with a disease or condition, has a significant negative impact on wellbeing and is a major challenge for people living with NCDs around the world. The WHO Global NCD Action Plan and its 2025 global NCD targets do recognise the need to monitor exposure to certain risk factors, as well as Member State's national NCD responses. However there is room to consider wider impacts.

Morbidity can be expressed as quality of life or health outcomes for PLWNCDs, and has major societal and economic implications. These include the cost to health systems, social support requirements, loss of productivity, and economic impacts at national level or for individuals living with NCDs. For example, in some low- and middle-income populations, over 60% of people living with NCDs have experienced catastrophic health expenditure in order to secure care.[12] Catastrophic health expenditure is known to drive poverty as well as further loss of health and wellbeing of both the individuals and their families, but this is not represented by mortality figures. Given the growing burden of NCDs in low- and middle-income countries (LMICs), even striking mortality figures do not capture the full economic and social burden of NCDs, which is why morbidity should not be overlooked.[7]

In addition, NCDs often exist in clusters (e.g. heart disease, high blood pressure, diabetes, depression, anxiety and chronic kidney disease), and there are bidirectional relationships between certain NCDs and infectious diseases (e.g. diabetes and TB; cervical cancer and HIV, mental health and other chronic conditions).[13,14] For example, almost one-quarter of the global population live with one or more NCDs, thus putting them at higher risk of severe disease or death due to COVID-19.[15] The prevalence of people living with more than one NCD has steadily increased over the past 20 years to the extent that it is now the norm in high-income countries (HICs) and an ever increasing problem in LMICs.[17] Multimorbidity is therefore a growing public health concern and speaks to the need to break down silos, as each disease may trigger or worsen other conditions, synergistically lowering the quality of life for the individual affected. Unfortunately, due to lack of focus on multimorbidity in global commitments, recognition and research of its impacts is limited.[16]

12 Jan S, Laba T-L, Essue BM, et al. Action to address the household economic burden of non-communicable diseases. The Lancet 2018; 391: 2047–58 https://doi.org/10.1016/S0140-6736(18)30323-4 (Accessed 11.09.2020)

13 Clark A, Jit M, Warren-Gash C, et al. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. Lancet Glob Health. 2020. https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930264-3 (Accessed 20.07.2020)

14 The Academy of Medical Sciences. Multimorbidity: a priority for global health research. 2018. https://acmedsci.ac.uk/policy/policy-projects/multimorbidity (Accessed 31.07.2020)

15 Clark A, Jit M, Warren-Gash C, et al. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. Lancet Glob Health. 2020. https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930264-3 (Accessed 20.07.2020)

16 The Academy of Medical Sciences. Multimorbidity: a priority for global health research. 2018. https://acmedsci.ac.uk/policy/policy-projects/multimorbidity (Accessed 31.07.2020)

Why is this important?

The SDGs marked a shift from mortality to morbidity by focusing on health and wellbeing and leaving no one behind. Yet, even though at least 1.7 billion people live with life threatening NCDs[17], risk reduction programmes, health promotion, screening, timely diagnosis, quality treatment, and adequate care and surveillance mechanisms, including palliative care, are often unavailable or under-prioritised.

The marginalisation of morbidity in global NCD indicators contributes to a failure to recognise the realities of living with NCDs, including the five major NCDs; the need to reach more people at high risk of NCDs and PLWNCDs via screening, diagnosis and care; the dangers of developing complications and comorbidities, and their impact on national health systems; and the economic and social impact of NCDs on individuals, their families, communities and society in general. This has led to tens of millions of people living with NCDs being left behind, and to health systems' efforts to integrate prevention and management of these diseases not being officially recognised as they do not necessarily reduce the risk of death.

The impact of NCDs on wellbeing is reflected in quality of life indicators (e.g. disability adjusted life years, healthy life years, or quality adjusted life years) and healthy life expectancy, in addition to mortality indicators. These indicators allow for a more accurate representation of, and argument for, risk reduction programmes, health promotion, diagnosis, care, rehabilitation, palliation and social support for the prevention and management of NCDs.

Neurological disorders, including stroke and dementia, constitute the world's largest cause of disability. One in three people worldwide lives with a neurological disorder at some point in their lifetime.[18,19] Even though these were acknowledged in the Political Declaration of the third UN HLM on NCDs, there is still much work to do on incorporating their prevention, diagnosis and management into care frameworks.

For example, a recent study found that 62% of healthcare providers worldwide think that dementia is part of normal aging as opposed to a disease, and 40% of the public think healthcare practitioners ignore people with dementia. With predictions of 115.4 million people living with dementia by 2050, the impacts of this condition in terms of disability and social care costs will not be reflected by mortality figures alone.[20,21] Moreover, current WHO terminology places neurological health as a subset of mental health conditions. This often creates misunderstandings and omission of neurology from main NCD priorities.

17 Clark A, Jit M, Warren-Gash C, et al. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. Lancet Glob Health. 2020 https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930264-3 (Accessed 20.07.2020)

18 GBD 2015 Neurological Disorders Collaborator Group. Global, regional, and national burden of neurological disorders during 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet Neurology. 2017;16(11):877-897

19 World Health Organization, Consolidated report by the Director-General, A73/5; 12 May 2020: 8-12

20 Alzheimer's Disease International. World Alzheimer's Report: 2019: Attitudes to dementia. 2019. https://www.alz.co.uk/research/WorldAlzheimerReport2019.pdf (Accessed 31.07.2020)

21 Lopez A, Williams T, Levin A, et al. Remembering the forgotten non-communicable diseases. BMC Medicine. 2014. https://bmcmedicine.biomedcentral.com/track/pdf/10.1186/s12916-014-0200-8 (Accessed 20.07.2020)

Recognising a broader set of conditions and diseases

It is increasingly evident that there are close associations between the five major NCDs and risk factors and a broader set of conditions, and many co-exist and share similar approaches and solutions.

Recognition of the need for a more inclusive global NCD agenda provides the opportunity to expand its reach and impact significantly, retaining a primary focus on the five major diseases but reflecting co-morbid conditions in a more meaningful way. For example, it is estimated that 55% of NCD morbidity globally is due to NCDs such as neurological, endocrine, skin, renal and gastroenterological disorders[22], which are not explicitly recognised in the current global commitments on NCDs. Even this estimate falls short of including all PLWNCDs. Conditions such as oral diseases, for example, affect 3.5 billion people globally[23], vision impairment or blindness caused by NCDs affect roughly 2.2 billion[24], and disabling lower back pain affects 577 million people.[25]

> "People in my country are living with NCDs without knowing they are. Awareness and prevention is the most important issue I want to address."
>
> Our Views Our Voices Consultation on UHC participant living with CVD and psoriasis, Egypt

The Advocacy Agenda of People Living with NCDs in Kenya was launched in early 2018. It is the result a consultative process involving the voices of 52 people living with NCDs, representing diverse conditions along with over 50 diverse stakeholders engaged in the NCD response in Kenya.

22 Lopez A, Williams T, Levin A, et al. Remembering the forgotten non-communicable diseases. BMC Medicine. 2014. https://bmcmedicine.biomedcentral.com/track/pdf/10.1186/s12916-014-0200-8 (Accessed 20.07.2020)

23 Peres MA, Macpherson LMD, Weyant RJ, et al. Oral diseases: a global public health challenge. The Lancet. 2019;394:249-60

24 NCDA, The Fed Hollows Foundation. Integrating eye health into the NCD response. People-centred approaches to prevention and care. 2020.

25 Buchbinder R, Underwood M, Hartvigsen J, Maher CG. The Lancet Series call to action to reduce low value care for low back pain: an update. Pain. 2020; 161(9): S57-S64.

Why is this important?

The achievement of UHC requires a focus on systematic health system strengthening instead of multiple disease-centric responses in parallel (known as 'siloed responses'). This involves coordination and integration across disease areas, including both NCDs and communicable diseases. Diseases which are included in global commitments are more likely to be screened for, diagnosed, managed and tracked, leading to a more accurate picture for policy makers of their population's health needs.

The Lancet NCDI Poverty Commission shows that 75% of the NCD burden for those in the poorest billion aged 4 to 40 years is caused by 52 diseases or conditions, with no single cause accounting for more than 5% of the total burden. The Commission therefore argues that in order to address the needs of the world's poorest people, the recognition of conditions and diseases must be broadened so that no one is left behind. The Commission report states that an expanded agenda could be "leveraged to build global solidarity and to catalyse structural reforms for quality and innovations in integrated service delivery for the world's poorest and most vulnerable people".[26]

PLWNCDs are at increased risk of severe symptoms or death from COVID-19. This includes people with one (or more) of the major five diseases, as well as other NCDs.[27] A WHO rapid assessment of service delivery for NCDs during the COVID-19 pandemic considered disruptions to access, service delivery, and supply of essential medicines and technologies (including urgent dental care, as well as rehabilitation and palliative care). It found that significant disruptions were reported in 75% of the countries surveyed. Through COVID-19, governments and the global health community should understand that strong, inclusive, person-centred health systems, supporting a whole-of-government approach and investment in prevention, are crucial for health security.

This approach and investment must include tackling the social determinants of health, as well as integrated and well-trained multidisciplinary health care teams working across diseases.

The benefits of tackling risk factors or ensuring early detection and treatment of NCDs are not fully included in the WHO Global Business Plan for NCDs or country level NCD business cases, as frequent comorbidities of the five major NCDs are not necessarily included in analyses of economic and social returns on investment. For example, alcohol use can lead to cirrhosis and other liver diseases, but non-cancerous liver diseases are not included in 'best buy' analyses. Improving a person's diabetes control will reduce the likelihood of them developing complications or comorbidities such as diabetic retinopathy or chronic kidney disease, but again the resulting factors (e.g. dialysis costs) are not always included in analyses. However, the inclusion of a broader set of diseases and conditions in analyses would strengthen the business case for NCD action.

> "There's no better NCD. We all feel the pain of inadequate policies. Misplaced budgets and fragmented health systems. All NCDs matter and we are all needed to shape the global response of NCDs."
>
> Our Views, Our Voices Global Advisory Committee Member (2020-21)

26 Bukhman G, Mocumbi AO, Atun R, et al. The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. The Lancet. 2020;396:991-1044.

27 Prevent Epidemics. COVID-19 pandemic severity assessment framework by age. 2020. https://preventepidemics.org/coronavirus/insights/covid-19-pandemic-severity-assessment- framework-by-age/ (Accessed 12.10.2020)

THE SITUATION

The global NCD response is currently focused on a 5x5 approach.

THE BACKDROP

The Sustainable Development Goals and movement for Universal Health Coverage call for an integrative, inclusive approach that "leaves no one behind". The COVID-19 pandemic is forcing the world to consider ways to build back better.

THE OPPORTUNITY

As the world builds back better, there is an opportunity to build on the current global NCD agenda and commitments, retaining a primary focus on the five major diseases but also giving attention to PLWNCDs under 30 and over 70 years old, the millions of people living with multiple NCDs, and the web of conditions and diseases that are connected to the big five diseases and share common solutions.

A way forward

Meaningfully involve people of all ages living with all NCDs and people living with multiple conditions in the NCD response at global and national levels

The role and contribution of PLWNCDs, communities and civil society actors must be acknowledged and meaningfully involved in decision making processes for health and NCDs at global and national level. This includes the policy setting, design, implementation and evaluation of UHC programmes and services. The integration of such first-hand insights will bolster policy makers' approach to addressing issues such as inclusive health system design, equitable access, and quality across the continuum of care, and will thereby organically strengthen the health and NCD agenda, making it more impactful. To help facilitate this, civil society should support diversification and strengthening of the voices of PLWNCDs, including those of children, youth and older people; people living with multiple NCDs; and people living with conditions or diseases other than the main five NCDs.

Work towards integration of NCDs into Universal Health Coverage policy and implementation

UHC and primary health care are the bedrock of a strong health system and must integrate an inclusive range of NCDs into prevention and care packages to ensure population-wide access to high-quality health services, including health promotion, disease prevention, screening, diagnosis, management, rehabilitation and palliative care services. In order to turn the global NCD and SDG commitments into a reality, countries must prioritise the vulnerable and protect PLWNCDs from high out-of-pocket payments which could deter them from seeking care or cause financial hardship.

Invest in improving data and research on the full health, social and economic impact of NCD morbidity and mortality, including people living with multiple NCDs and wider social determinants and risk factors

Governments and authorities must strengthen NCD surveillance systems to include monitoring of data on NCD morbidity and mortality across all age and disease groups in order to improve NCD prevention and management. In addition, research is required to identify, analyse and rectify the gaps in the current evidence base of NCD social determinants, risk factors, social and economic impacts, as well as multimorbidity and interlinkages with communicable diseases across all economic contexts. This research will feed into strong, adapted, evidence-based policy decisions, and needs to be driven by quality national data.

Include co-benefits of NCD action across all age groups and related conditions in investment cases for NCD policy action

Investment cases are a vital tool to support NCD policy action. It is key to ensure that the full range of benefits across all age groups and conditions, as well as socioeconomic impacts, are included in these evaluations. For example, preventative and treatment interventions for type 2 diabetes will have knock-on benefits in reduced incidence and cost of treatment for complications / co-morbid conditions, such as disability, sight loss, chronic kidney disease, and mental health conditions. Nutrition interventions, such as front-of-package labelling and taxes on sugar-sweetened beverages, will benefit children's health now and have benefits in later life. This includes benefits in relation to type 2 diabetes and CVD, but also to oral health and obesity, which are both related to a range of other NCDs.

"Heads of State have to move beyond political rhetoric – they must take substantive ownership of their nation's healthcare portfolios. Healthcare must be made a priority inter-ministerial function – with an understanding of how good population health is a boon for economic development."

Our Views Our Voices Consultation on UHC participant living with CVD, mental health condition and cancer, South Africa.

NCD Alliance

MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE