

# NCD Alliance Webinar

## Wednesday 17 January 2018



**NCD Alliance**

PUTTING NON-COMMUNICABLE DISEASES  
ON THE GLOBAL AGENDA

# Speakers

## Moderator:

Katie Dain, NCD Alliance

## Speakers:

Alena Matzke, NCD Alliance

Cristina Parsons Perez, NCD Alliance

Priya Kanayson, NCD Alliance

Felicia Marie Knaul, University of Miami Institute for Advanced Study of the Americas

# Agenda

- Overview of key dates in 2018
- Lancet Palliative Care Commission Report
- Second Global NCD Alliance Forum
- Preparations for the 3rd High-level Meeting on NCDs
- Preparations for the 142th session of the Executive Board

# Overview of key dates in 2018



Katie Dain  
NCD Alliance

# Look Forward: 2018 in a Nutshell

## January

- 22-27: 142<sup>nd</sup> WHO Executive Board
- 23-26: WEF Annual Meeting, Davos
- 2018 HLM modalities resolution



## February

- 7-13: 9<sup>th</sup> World Urban Forum

## March

- 7-9: The 17th World Conference on Tobacco or Health
- 12-23: UN 62<sup>nd</sup> Commission on Status of Women

## April

- 9-11: NCD Financing Conference, Copenhagen

## May

- 21-26: WHO World Health Assembly
- WHO HL Commission on NCDs report published

## June

- Civil Society Hearing on 2018 HLM, TBC

## July

- 9-18: UN High-level Political Forum
- 26-29: 33rd International Conference of ADI

## August

- WHO Regional Committee meetings begin

## September

- 18-20: UNGA 73
- 2018 HLM NCDs, TBC

## October

- 1-4: 2018 World Cancer Congress
- 24-27: 49th Union World Conference on Lung Health

## December

- 3-14: UNFCCC COP24
- 5-8: World Congress Cardiology & Cardiovascular Health

Q & A





**HARVARD T.H. CHAN**  
SCHOOL OF PUBLIC HEALTH



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE



UNIVERSITY OF MIAMI  
INSTITUTE for ADVANCED  
STUDY of the AMERICAS



*Alleviating the access abyss in palliative care and pain relief:  
an imperative of universal health coverage*  
*Key findings and recommendations of  
The Lancet Commission report*

*Dr. Felicia Marie Knaul (University of Miami), on behalf of the Lancet Study Group*  
*NCD Alliance Webinar- January 17, 2018*

<http://www.thelancet.com/commissions/palliative-care>

# The Lancet Call-to-Action:

*“... Measures of suffering have been absent, and so the need for palliative care and pain relief services has been easy to miss. That excuse no longer holds. The scale of human suffering is massive... The Commission has uncovered an appalling oversight in global health. It is time for that oversight to be remedied.”*

Dr. Richard Horton, Editor-in-Chief of The Lancet,  
in his editorial

[“A milestone for palliative care and pain relief”](#)



# Overview of Lancet Commission and Report

**THE LANCET**

Online First | Current Issue | All Issues | Special Issues | Multimedia | Information for Authors

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## Alleviating the access abyss in palliative care and pain relief— an imperative of universal health coverage: the *Lancet* Commission report

Published: October 13, 2017

### Executive Summary

The lack of global access to pain relief and palliative care throughout the life cycle constitutes a global crisis, and action to close this divide between rich and poor is a moral, health, and ethical imperative. The need for palliative care and pain relief has been largely ignored. Yet, palliative care and pain relief are essential elements of universal health coverage (UHC).

This *Lancet* Commission aims to (1) quantify the heavy burden of serious health-related suffering

Audio

1 2

Download

Palliative care and Pain Relief: The Lancet: October 12, 2017

**Health Systems and  
Global Health  
+  
Palliative Care Specialists**

- **Chair, co-chair**
- **33 commissioners**
- **61 co-authors from over 25 countries**

**“...a landmark report...”**  
**Richard Horton, Editor-in-Chief, The Lancet.**

**Led by the  
University of Miami in  
collaboration with  
Harvard University**

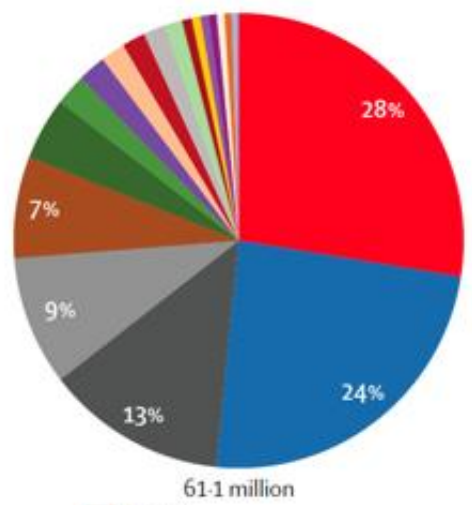
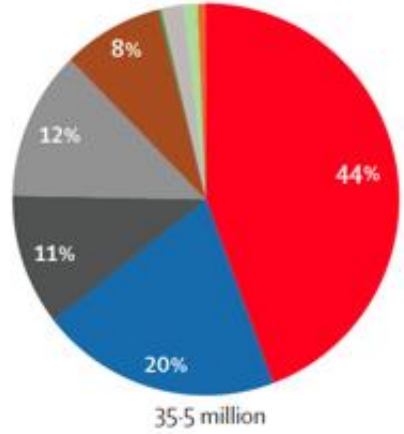
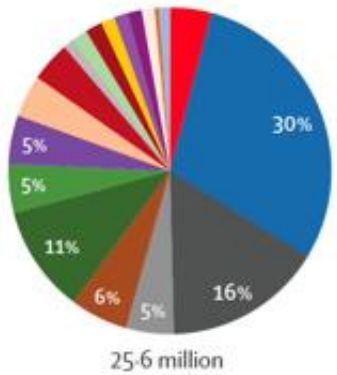


# 5 Key Messages

1. Alleviation of the burden of serious health-related suffering from life-threatening or life-limiting conditions and with the end of life is a global health and equity imperative.
2. Universal access to an affordable Essential Package of palliative care can alleviate much of the burden of SHS.
3. LMICs can improve the welfare of poor people at modest cost by publicly financing the Essential Package of palliative care and through full integration into universal health coverage.
4. International and balanced collective action is essential to achieving universal coverage of palliative care and pain relief by facilitating effective access to essential medicines, while implementing measures to prevent non-medical use.
5. Better evidence and priority setting tools must be generated to adequately measure the global need for palliative care, implement policies and programs, and monitor progress towards alleviating the burden of pain and other SHS

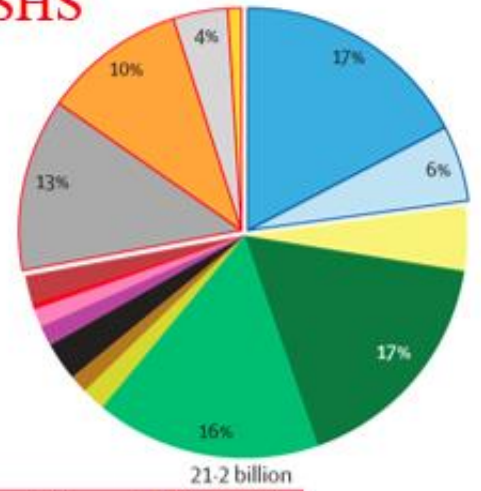
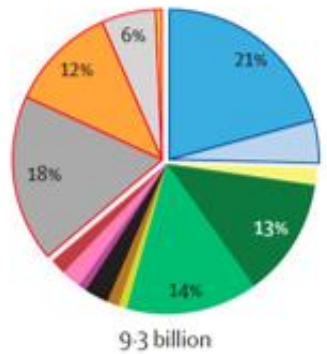
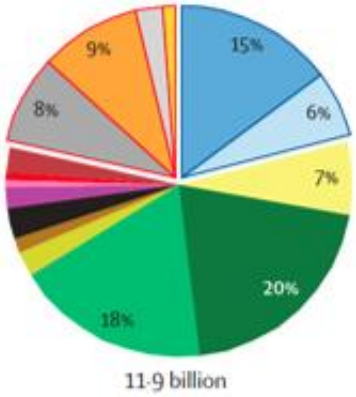
# Global burden of serious health-related suffering (SHS) in 2015

## Health conditions (20): people who experienced SHS



- HIV disease
- Malignant neoplasm
- Cerebrovascular disease
- Dementia
- Lung disease
- Tuberculosis
- Liver disease
- Low birth, premature birth, birth trauma
- Degenerative CNS disease
- Congenital malformation
- Chronic ischaemic heart disease
- Inflammatory CNS disease
- Renal failure
- Malnutrition
- Muskuloskeletal disorder
- Leukaemia
- Injury
- Non-isaemic heart disease
- Haemorrhagic fevers
- Atherosclerosis

## Symptoms, physical (11) and psychological (4): days with SHS



- Pain (mild)
- Pain (moderate to severe)
- Anxiety, worry
- Depressed mood
- Confusion, delirium
- Dementia
- Constipation
- Shortness of breath
- Fatigue
- Weakness
- Nausea, vomiting
- Diarrhoea
- Dry mouth
- Itching
- Bleeding
- Wounds

# Global burden of serious health-related suffering (SHS) in 2015

- **25.5 million deaths**
  - **45% of the 56.2 million deaths worldwide**
- **at least 35.5 million people (non-decedents) experienced SHS**



**61.1 million people worldwide suffered  
> 6 billion days of suffering (up to 21 billion days)  
80% in LMICs**

# Interventions: Essential Package

<b>Medicine</b>
Amitriptyline
Bisacodyl (Senna)
Dexamethasone
Diazepam
Diphenhydramine (chlorpheniramine, cyclizine, or dimenhydrinate, oral and injectable)
Fluconazole
Fluoxetine or other SSRI (sertraline and citalopram)
Furosamide
Hyoscine Butylbromide
Haloperidol
Ibuprofen (naproxen, diclofenac, or meloxicam)
Lactulose (sorbitol or polyethylene glycol)
Loperamide
Metoclopramide
Metronidazole
Morphine
Naloxone Parenteral
Omeprazole oral
Ondasetron
Paracetamol oral
Petroleum jelly

<b>Medical Equipment</b>
Pressure Reducing Mattress
Nasogastric drainage or feeding tube
Urinary catheters
Opioid lock box
Flashlight with rechargeable battery
Adult diapers/ Cotton and Plastic
Oxygen

<b>Human Resources</b>
Doctors (Specialty and General)
Nurses (Specialty and General)
Social Workers and Counsellors
Psychiatrist, psychologist or counsellor
Physical Therapist
Pharmacist
Community Health Workers
Clinical Support Staff
Non Clinical Support Staff



**Aligned with Sustainable Development Goals (SDGs):  
Should be made universally accessible by 2030**

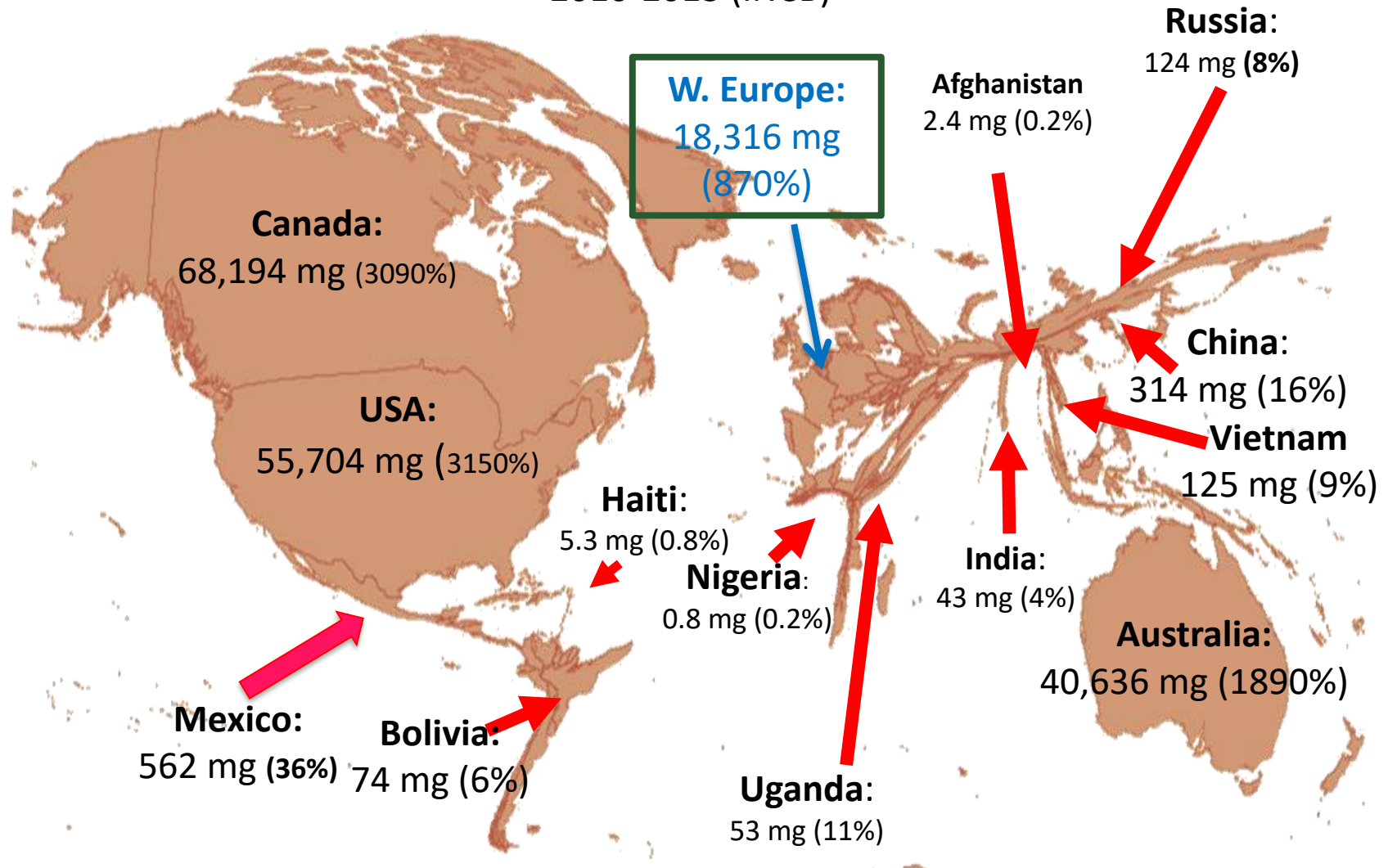
# Global inequity in morphine distribution

- The poorest 50% of the world's population receive < 1% of all morphine.
- The richest 10% of the world's population receives almost 90% of all morphine.



# Unmet need: pain relief

Distributed opioid morphine-equivalent (and estimated met need for palliative care for 20 conditions), Morphine in mg/patient, 2010-2013 (INCB)



# Annual estimated cost of closing the access abyss and meeting the global palliative care need for morphine

- At current prices: \$US600 million
- At best international prices: \$US145 millones
- For all children with SHS in low income countries:  
\$US 1,034,000





# Strengthening Health Systems Function to Expand Access PC & PR

## Stewardship

### *Priority setting*

- Implement public education and awareness-building campaigns around palliative care and pain relief
- Incorporate palliative care and pain relief into the national health agenda

### *Planning*

- Develop comprehensive palliative care and pain relief guidelines, programmes, and plans
- Integrate palliative care into disease-specific national guidelines, programmes, and plans
- Include palliative care and pain relief essential medicines in national essential lists

### *Regulation*

- Establish effective legal and regulatory guidelines for the safe management of opioid analgesics and other controlled medicines that do not generate unduly restrictive barriers for patients
- Design integrated guidelines for provision of palliative care and pain relief that encompass all service providers

### *Monitoring and evaluation of performance*

- Monitor and evaluate palliative care and pain relief interventions and programmes using an explicit outcomes scale, measuring coverage as well as effect
- Promote civil society involvement in performance Assessment

### *Intersectoral advocacy*

- Engage all relevant actors in the promotion and implementation of palliative care interventions and programmes through ministries of health

## Financing

- Explicitly include palliative care interventions in national insurance and social security health-care packages
- Guarantee public or publicly mandated funding through sufficient and specific budgetary allocations starting with the Essential Package
- Develop pooled purchasing schemes to ensure affordable, competitive prices for palliative care inputs and Interventions

## Delivery

- Integrate palliative care and pain relief at all levels of care and in disease-specific programmes
- Design guidelines to provide effective and responsive palliative care and pain relief services
- Integrate pain relief into platforms of care, especially surgery
- Establish efficient referral mechanisms
- Implement quality-improvement measures in palliative-care initiatives
- Develop and implement secure opioid supply chain and ensure adequate prescription practices

## Resource Generation

### *Human resources*

- Establish palliative care as a recognised medical and nursing specialty
- Make general palliative care and pain relief competencies a mandatory component of all medicine, nursing, psychology, social work, and pharmacy undergraduate curricula
- Require that all health and other professionals involved in caring for patients with serious, complex, or life-threatening health conditions receive basic training in palliative care and pain relief

## Information and Research

- Incorporate palliative care and pain relief access, quality, and financing indicators into health information systems
- Ensure that government-funded research programmes include palliative care

# Need for national palliative care and pain relief associations



- **Inter-institucional, multi-disciplinary national committees to advocate for implementation and monitor commitments, compliance and progress**

# **Four streams of work following report release:**

- 1. Advocacy**
- 2. In-country implementation**
- 3. Global collective action**
- 4. Research**

# Implementation Working Group

- Anchored by the **International Association for Hospice and Palliative Care** and coordinated in collaboration with the Worldwide Hospice Palliative Care Alliance, the International Children's Palliative Care Network and regional palliative care networks and associations
- Activities:
  - **Develop monitoring frameworks and public accountability** tools including indicators and targets on PC and pain relief that can be adapted and adopted by national, regional and global governance institutions;
  - **Support national commissions** through training and capacity building, and to engage in national PC and pain relief planning;
  - **Promote knowledge generation and exchange platforms**, particularly to fill the evidence gap in LMICs, as global public goods as well as the dissemination and implementation of health systems-based research;
  - **Create interdisciplinary and multi-sectoral linkages** between the PC community, the NCDs movement and broader development efforts



# Tool-kit Resources and Dissemination Activities

## – Lancet Commission Publication:

<http://www.thelancet.com/commissions/palliative-care>

- Executive Summary and Full report
- Data appendix
- Podcast

## – Fact sheets

## – Powerpoint and training videos

## – Media coverage

## – Blogs

## – Newsletters

## – Webinars

## – Country launches

## - Symposium with The Lancet at the University of Miami to release print version, April 5-6

The image displays two documents related to the Lancet Commission on Global Access to Palliative Care and Pain Relief. The top document is a screenshot of the Lancet website, showing the title "Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report" and an executive summary. The bottom document is a fact sheet titled "The Lancet Commission on Global Access to Palliative Care and Pain Relief Key Facts", which lists key findings such as "Serious health-related suffering (SHS) is associated with illness or injury of any kind that could be ameliorated by palliative care or pain treatment" and "More than 25.5 million of the 56.2 million people who died in 2015 experienced SHS, an additional 32 million experienced SHS from life-threatening or life-limiting conditions, or at end of life. In total, more than 61 million people worldwide experienced SHS, for a total of at least 6 billion suffering days".



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*Alleviating the access abyss in palliative care and pain relief:  
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Q & A



# Second Global NCD Alliance Forum



Cristina Parsons Perez  
NCD Alliance



# Global NCD Alliance Forum

Second Global NCD Alliance Forum 2017

Stepping up the pace on NCDs:  
making 2018 count



أصدقاء مرضى السرطان  
Friends Of Cancer Patients  
نحن معكم We're With You

**9-11 DECEMBER 2017**  
Sharjah, United Arab Emirates (UAE)

# Objectives

- To further the **Sharjah Declaration** by facilitating advocacy campaign planning towards the 2018 UN HLM
- To convene the **civil society network of national/regional NCD alliances** to share experiences, lessons learnt and connect with key stakeholders across sustainable development
- To promote the **engagement of people living with NCDs and youth in the NCD movement**, including through launching the *Advocacy Agenda of People Living with NCDs*
- To strengthen the **capacity of the network** of national/regional NCD alliances
- To build momentum on **advocacy priorities for 2018 UN High Level Meeting (HLM)** on NCDs

# Global NCDA Forum in numbers

- **2<sup>nd</sup>** Global NCDA Forum
- **350** Delegates from **68** countries
- **49** National and Regional NCD alliances
- **10%** youth and people living with NCDs
- **3** plenaries, **3** workshop streams, over **3** days
- **15** workshops
- **1** youth pre-meet



# Global NCD Alliance Forum: Advocacy Planning

- Shared NCDA 2018 Advocacy Campaign Priorities
- Regional discussions on priorities
- Mobilisation strategies for high level participation
- Regional advocacy opportunities



# Global NCD Alliance Forum: Youth Pre-Meet

- Organised by NCD child
- Youth planning Committee: IFMSA, YPCDN, NCD FREE, etc
- Over 20 youth in attendance (selected from 260+)
- Advocacy & mobilisation
- Call to action: Youth, NCDs & 2018



# Global NCD Alliance Forum: Programme

## Stepping up the pace on NCDs: making 2018 count



### STREAM 01

#### Advocating for NCD Prevention and Control

A wonderful experience that allows direct contact with other alliances from around the world as well as experts.

An opportunity to learn best practices from across the world, and to gain new knowledge on NCD prevention and control.

### STREAM 02

#### Breaking Down Silos and Building Synergies in the SDG Era

We should create meaning after suffering, build resilience and empowerment, and feel powerful because we are fighting together.

No one sector alone will reverse the NCD epidemic, but working together we have the tremendous opportunity to chart a new course toward health and sustainable human development for a more equitable and healthier future for all.

### STREAM 03

#### Sharing Tools and Strategies for NCD Advocacy and Mobilisation

Meaningful involvement means bringing people living with NCDs into the mainstream picture.

We are survivors. We want to drive change, educate & create NCD awareness.

# Global NCD Alliance Forum

- Daily blogs: [day 1](#); [day 2](#); and [day 3](#)
- Launch of:
  - Preliminary 2018 UN HLM Campaign Priorities
  - [Advocacy Agenda for People Living with NCDs](#)
  - [NCD Civil Society Atlas](#)
  - *Sharjah Awards for Excellence in NCD Civil Society*
  - [Practical guide on tackling NCDs in Workplaces in LMICs](#)

# Global NCD Alliance Forum

#NCDAF2017/6000 tweets/reaching 73 countries/ engaging over 1200 contributors worldwide/ 35 million impressions online



SHARE. DISCUSS.  
ENGAGE. AMPLIFY.



#NCDAF2017  
#NCDs

@FOCPUAE  
@ncdalliance



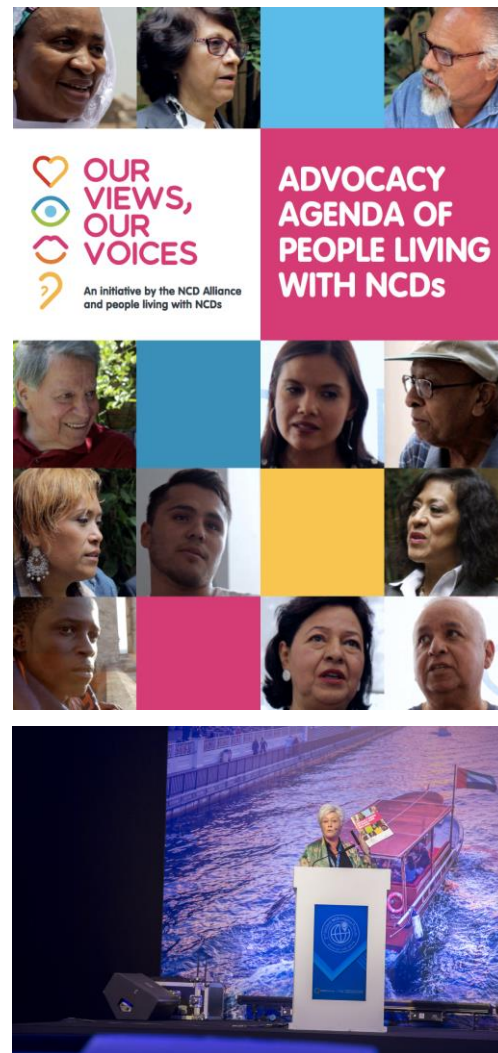
# Advocacy Agenda of PLWNCDs

- Compiled as part of **Our Views, Our Voices** initiative
- Draws from the input of **1,893 people** from **76 countries**.
  - **Online Consultation** – reached 958 people from 74 countries
  - **72 Community Conversations** – reached 935 people in 16 countries

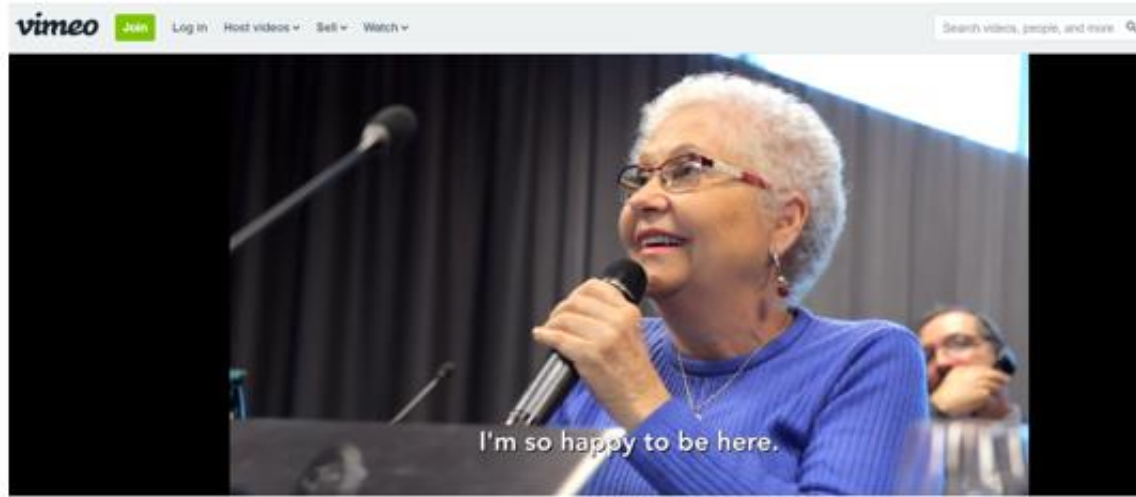


# Advocacy Agenda of PLWNCs

- Reference to be used by NCD community to present to decision makers urging them to take action, to meet agreed upon global NCD targets, and to put people first.
- Can be tailored to each setting and the advocacy opportunities that present themselves
- **Calls for action in:**
  - Human Rights and Social Justice
  - Prevention
  - Treatment, Care, and Support
  - Meaningful Involvement

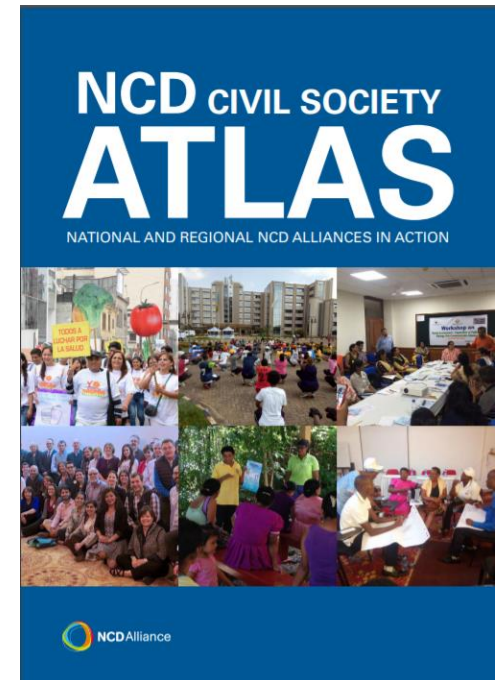


# Our Views, Our Voices micro-documentaries



# NCD Civil Society Atlas

- **Provides a snapshot** of the current state of global NCD civil society in different regions and across the “4A’s”: Advocacy; Awareness; Access; Accountability.
- **Showcases 38 case studies selected conducted by 26 national or regional NCD alliances.** Selections made via application process scored by a review panel of external experts.
- **Shares good practice** among existing and potential national and regional NCD alliances to foster knowledge exchange and innovation.



# NCD Civil Society Atlas

- **Informs and supports** advocacy efforts on role and importance of NCD civil society.
- Includes **Key Success Factors, Emerging Trends,** and a summary of observed **NCD Civil Society Contributions.**
- **Sharjah Awards for NCD Civil Society Excellence:** awarded at the Forum by HH Sheika Jawaher bint Mohammed Al Qasimi to highest rated case in each category (including **NCDA grant** to advance alliance's work).

# Next Steps

- Global NCD Alliance Forum report
- Our Views, Our Voices Consultation report
- 2018 UN High Level Meeting campaign
- Ensure meaningful involvement of youth and people living with NCDs

Q & A



# Preparations for the 3<sup>rd</sup> High-level Meeting on NCDs

Priya Kanayson  
NCD Alliance



# UN High-level Meetings on NCDs

**2011**

Political  
Declaration

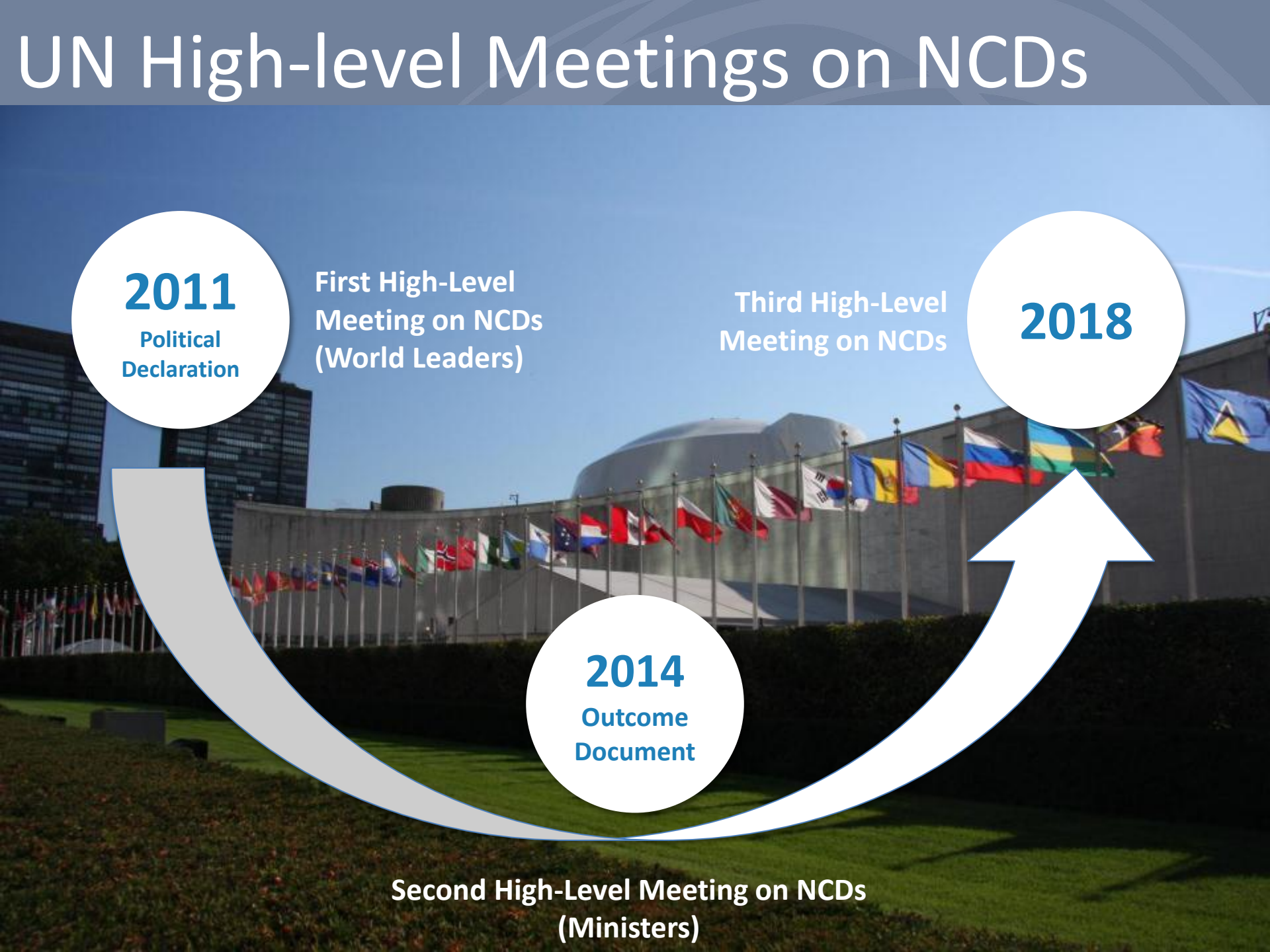
First High-Level  
Meeting on NCDs  
(World Leaders)

Third High-Level  
Meeting on NCDs

**2018**

**2014**  
Outcome  
Document

Second High-Level Meeting on NCDs  
(Ministers)



# Schedule of events: September 2018

Date TBC: UN High-Level Meeting on NCDs

Co-facilitators (tbc):



Date TBC: UN High-Level Meeting on Tuberculosis

Co-facilitators:



September  
2018

Co-facilitators:



Mon 24 Sept:  
Nelson Mandela  
Peace Summit



Tues 25 Sept: UN  
General Assembly  
Debate opens

# Preparations for the 2018 UN HLM

Appointment of  
co-facilitators

Modalities  
Resolution

Intergovernmental  
Negotiations



# Appointment & Role of Co-Facilitators

- 2 Member States are appointed as co-facilitators
  - Regionally representative
  - Have *not* been a co-facilitator for a UN HLM on NCDs before
  - Member State co-facilitator often chosen after expressing interest
- Preside over modalities negotiations and intergovernmental negotiations on UN HLM outcome document
- Co-facilitators' teams produce 'zero draft' of outcome document, incorporate MS comments into following iterations

*Likely to be Uruguay and Italy*

# Modalities Resolution

Date, timing,  
length

Level of  
representation

Agenda,  
speakers

Participation  
of civil society

# Outcome Document Negotiations

- **Intergovernmental process** in New York at UN **April – July** (TBC)
- **Permanent missions** in NYC negotiate, guided by country capitals (Ministry of Health / Ministry of Foreign Affairs) & counterparts in Geneva
- **WHO** provides technical input where required
- Negotiate in **political blocs** (G77, EU, CARICOM, etc.)
- **Iterative process** – “Zero Draft”, multiple iterations incorporating comments from member states
- **Not** a simple process – requires agile negotiators and civil society advocacy/briefings. Stalemates quite frequent

# Opportunities and challenges

## Opportunities:

- Review NCDs within the context of the 2030 Agenda for Sustainable Development
  - Recognize linkages and opportunities for shared solutions
  - Include outcomes of Conference on Financing for NCDs (Mol)
- UN HLM on TB a chance to highlight synergies/co-morbidities, present unified health civil society to UN Member States.
- Stronger NCD civil society movement at global and national level and greater pressure from CS to agree strong outcomes.

## Challenges:

- Multiple events: Nelson Mandela Peace Summit, HLM on TB, UNGA
- Limited technical capacity in NY missions
- Commercial interests obstructing ambitious commitments, e.g. on Best Buys
- Competition for media space with HLM on TB, UNGA, etc.



# NCD Alliance priorities: modalities

- No formal decision on detail / modalities yet – Feb 2018
- NCD Alliance [process priorities](#):
  - In **September 2018** in New York (alongside TB HLM)
  - Entire preparatory process, including **outcome document negotiations**, held in New York
  - **Highest political** level (Heads of State/Government)
  - **1 or 2 days** – mixture of plenaries and roundtables
  - Involvement of **civil society** (civil society task force, civil society hearing)
  - Adoption of **outcome document** with new, bold time-bound commitments





# NCD Alliance Priorities: outcome

## Outcomes of the UN HLM

Overarching priorities that will guide NCD Alliance's advocacy campaign for the outcome document of the UN HLM. *Priorities will be launched at the WHO EB.*

1. Put people first
2. Boost NCD investment
3. Step up Action on Childhood Obesity
4. Tax unhealthy commodities
5. Save lives through equitable NCD access to NCD treatment
6. Improve accountability for progress, results and resources

Read the campaign priorities discussion paper [here](#)

# NCD Alliance's Next Steps

## Advocacy Campaign Priorities

- Launch advocacy campaign priorities
  - Reached after external and internal consultations
  - Aim to encompass all diseases & risk factors, act as shared priorities around which to coalesce

## Member State Advocacy

- In GVA and NY to get MS support for HLM in Sept 2018 w/HL participation – mission briefings
- Strong, action-oriented outcome document

## WHO Civil Society Working Group on NCDs ([web page](#))

- Advise WHO DG on involvement & participation of civil society throughout the HLM process
- Help develop business case for a UN civil society task force to submit to the UN President of the General Assembly

Q & A



# Preparations for the 142th session of the Executive Board



Alena Matzke  
NCD Alliance

# 142 WHO Executive Board Agenda

## Agenda item 3: Strategic Priority Matters

- 3.1 [Draft 13<sup>th</sup> Global Programme of Work](#)
- 3.5 [Health, environment and climate change](#)
- 3.6 [Shortage of, and access to, medicines and vaccines](#)
- 3.7 [Public health, innovation and intellectual property](#)
- 3.8 [Preparations for the UN HLM on NCDs](#)
- 3.9 [High-Level Meeting on TB](#)

All Executive Board Document are available [here](#).

Provisional agenda accessible [here](#).

# 142 WHO Executive Board Agenda

## Agenda item 4: Other Technical Matters

- 4.2 [Physical activity for health](#)
- 4.3 [Global Strategy](#) for women's, children's and adolescents' health
- 4.6 [Maternal, infant and young child nutrition:](#)
  - Implementation plan biennial report
  - Safeguarding against possible conflicts of interest in nutrition programmes

# EB142 Timetable

## Monday:

Opening of EB142

**Agenda Item 3** incl.  
Draft 13GPW 2019–  
2023

## Wednesday:

**Agenda Item 3** cnt'd,  
incl. access to medicines,  
**3.8 NCD report**, up to  
**Agenda Item 4.2.**  
Physical Activity

## Friday:

**Agenda Item 5**, incl.  
FENSA

## Saturday:

**Agenda Item 6**  
(Information matters)

## Tuesday:

**Agenda Item 3** cnt'd  
Up to 3.5 Health,  
environment and  
climate change

## Thursday:

**Agenda Item 4** incl.  
RMNCAH and  
nutrition, and **Agenda  
Item 5** (managerial,  
administrative and  
governance matters)

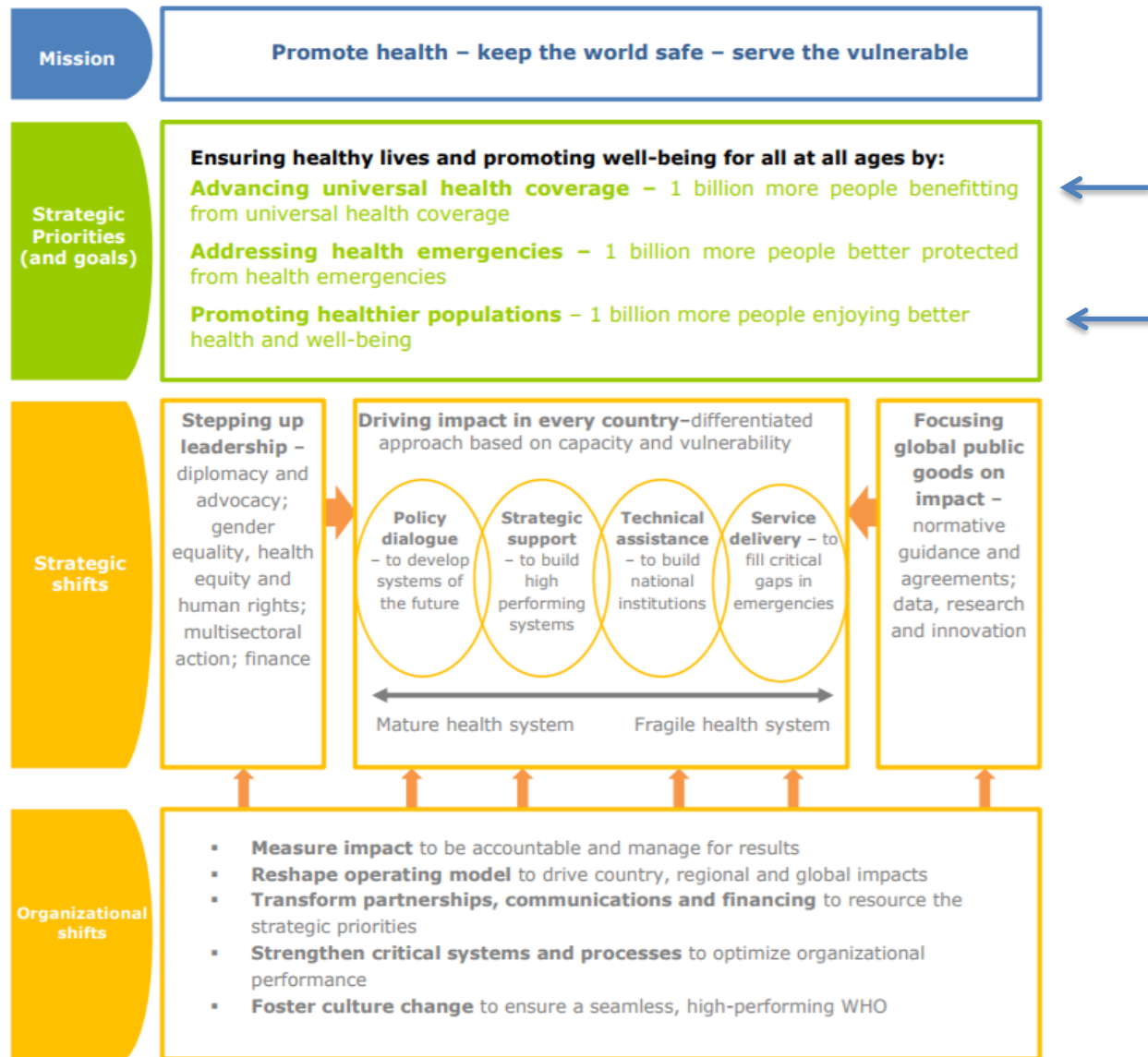
The provisional timetable is accessible [here](#).

# Executive Board Reports and Decisions





# Overview Draft GPW 13



# Draft 13<sup>th</sup> General Programme of Work

## GPW13 related EB documents:

- [Draft GPW13](#) (revised following Special Session of the EB in November)
- Updated Impact Framework [pending]
- [Financial Estimate](#) for GPW13

## Changes from an NCD perspective since EBSS4:

- Platform 2 under strategic priority “Healthier Populations” exclusively focused on NCD prevention\*
- NCD treatment included in strategic priority “Universal Health Coverage”
- Added focus on physical activity
- Stronger focus on lifecourse approach, in particular ageing
- Improved palliative care language, incl. standalone paragraph 38

\* (reduce use of salt and sugar; eliminate artificial trans-fats and antibiotics in food; reformulate food products; reduce tobacco use and harmful use of alcohol; stop marketing of unhealthy foods and beverages to children; reduce prevalence of physical inactivity)

# Draft 13<sup>th</sup> General Programme of Work

## Financial Estimate for GPW13

- **US\$ 10.8 billion** over five-year period for base segment of budget figuring in savings from a 5% efficiency and economy savings target
- **US\$ 2 billion increase over the five-year period / increase of about US\$ 400 million per year** from 2018-2019
- Additional investment needed to **strengthen country capacity** and **normative functions**. Total additional investments needed over the five-year period amount to US\$ 2485 million for these areas. Country component represents the vast majority of additional investments.
- Development of **draft programme budget 2020-2021** will begin now: discussed at 2018 regional committee meetings, 144th Executive Board in January 2019 and 72<sup>nd</sup> World Health Assembly in May 2019. Note: Programme Budget 2018-19 already approved, adjustments would be within DG's authority.

# Draft 13<sup>th</sup> General Programme of Work

## GPW13 related Advocacy Priorities

- **Ensure strong NCD indicators within the GPW's priority area on Universal Health Coverage.** We are concerned that proposed UHC indicator would not offer sufficient granularity to accurately assess the ability of health systems to treat and manage NCDs. Need additional focus on health systems focused NCD best buys.
- **Ensure the inclusion of a target and indicator within the Impact Framework for both Palliative Care and Physical Activity.**
- **Ensure adequate funding across all programme areas.** WHO's work on NCDs has consistently been the main chronically underfunded programme area. We strongly urge Member States to invest in WHO's work on NCDs at all levels, in particular in the context of the proposed budget increase.

# Preparations for the 2018 UN HLM on NCDs

## [EB EB142/15](#)

- 1. Overview of state of response. Main message:** The world is reaching an inflection point. If significant investments are not made now, the increase in premature mortality from NCDs in low-income and lower-middle-income countries will not be offset by any gains due to progress in implementing commitments made; SDG target 3.4 won't be reached.
- 2. Main barriers to implementation of Best Buys and other recommended interventions:**
  - *Political choices:* Weak political action by HoS/HoG
  - *Health systems:* Lack of access to affordable, safe, effective, good-quality essent. medicines and vaccines / integration of best buys into nat. UHC schemes
  - *National capacities:* no policy backbone/advanced technical expertise in LMICs
  - *International finance:* no alignment between intl. development cooperation and national NCD responses despite demand
  - *Industry interference:* impedes implementation of best buys incl. taxation; HICs protecting commercial interests

# Preparations for the 2018 UN HLM on NCDs

## 3. Way forward

- WHO will support MS in attaining target 3.4 focusing on specific NCD targets within GPW13 by 2023.
- Invites MS to discuss how to remedy shortfall in intl. support on NCDs.
- MS encourage to explore allocation % of tax revenue from multinationals based in HICs from the sales of tobacco products, alcoholic beverages and sugar-sweetened beverages in LMICs for official development assistance for NCDs.
- Warns: there is a risk that the consultations on the outcome document for the third High-level Meeting will default to a scenario that is the same as or worse than the current situation.

## 4. Preparatory process for UN HLM

**5. Annexes:** Progress implementing NCD GAP, GCM work plan and cancer resolution; progress report on UNIATF

Additional report on evaluation of the GCM /NCD available [here](#).

# Preparations for the 2018 UN HLM on NCDs

## NCD-related Advocacy at the WHO Executive Board

- Applaud WHO for EB report on NCDs, in particular highlighting:
  - **Weak political action by HoS/HoG** on NCDs in nat. SDG responses,
  - **Chronic lack of NCD investment**, and
  - **Industry interference and the role of Member States, in particular HICs, in protecting commercial interests.**  
Commercial interest must not continue to hamper with the implementation of NCD Best Buys.

# Preparations for the 2018 UN HLM on NCDs

## NCD-related Advocacy at the WHO Executive Board cnt'd

### Modalities for the UN HLM:

- 1. Schedule the UN HLM for at least one day in September ahead of the UN General Assembly.** This will allow sufficient time for preparations of the meeting.
- 2. Ensure participation of Heads of State and Government** reflecting appropriate attention on NCDs as a global issue requiring urgent high-level action.
- 3. Facilitate meaningful participation from civil society and people living with NCDs,** including through a UN Civil Society Task Force and an Interactive Hearing held no later than June.
- 4. Work toward robust commitments for the UN HLM Outcome Document,** including boosting NCD investment and accelerating implementation of WHO's Best Buys, free from commercial interests.



# Health, Environment and Climate Change

- [EB142/12](#) notes that avoidable environmental risk factors cause at least **13 million** deaths every year;  $\frac{1}{4}$  of the global burden of disease. **6.5 million** deaths for air pollution alone, in same range as tobacco.
- Global health and welfare losses from air pollution in 2013 totalled **US\$ 5110 billion**; **7%** of GDP
- Taxing polluting fuels in line with their health impacts through air pollution would more than halve the number of premature deaths due to air pollution, result in a **20%** reduction in greenhouse gas emissions, and generate **US\$ 3000 billion** in tax revenues every year; **>50%** of government health spending globally
- Leadership role for WHO at global level and health ministry at national level to coordinate necessary multisectoral response
- Focus on climate change in small island developing states, in alignment with GPW 13



# Health, Environment and Climate Change

Board invited to consider a decision which invites the DG to:

- (1) Develop a draft action plan for the flagship initiative to address health effects of climate change in small island developing States and vulnerable settings
- (2) Develop a draft comprehensive global strategy on health, environment and climate change, to be considered by the Seventy-second World Health Assembly in May 2019
- (3) Ensure that the regional committees are asked to comment and provide input on the global strategy on health, environment and climate change.



# Global Action Plan on Physical Activity

## Draft global action plan on physical activity 2018–2030

- **Recommends 20 policy actions across four strategic objectives** to address the multiple cultural, environmental and individual determinants of inactivity by engaging with other sectors in joint action.
- **Aims to increase overall levels of physical activity and reduce disparities in participation** through inclusive solutions.
- **Goal:** 15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030.
- **Strategic objectives:**
  1. Create an active society – social norms and attitudes
  2. Create active environments – spaces and places
  3. Create active people – programmes and opportunities
  4. Create active systems – governance and policy enablers

# Global Strategy: Early Childhood Development

- [Report EB142/19](#) on Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) focused on early childhood development (childhood from conception to 8 years of age)
- Early Childhood Development lays the foundation for good health and well-being throughout the life-course, including prevention of NCDs later in life
- Most formative experiences of newborns and young children come from **nurturing care** (stable environment that promotes health and optimal nutrition, protects children from threats and provides opportunities for early learning through affectionate interactions and relationships)
- WHO/UNICEF/PMNCH developing a **Nurturing Care Framework**. Public consultations on the framework for 2 weeks will start next week, another round in March.
- Next year's focus: midwifery

# Maternal, infant and young child nutrition

**EB142/22** [implementation plan on maternal, infant and young child nutrition](#), draft decision:

- Suggest to extend to 2030 the 2025 targets;
- Approve the four remaining indicators of the Global Monitoring Framework on maternal, infant and young child nutrition.

**EB142/23** [Safeguarding against conflicts of interest in nutrition programmes](#)

- Aimed at government officials involved in development, design and implementation of public health nutrition policies and programmes.
- Guides their engagement with individuals and non-State actors through a step-by-step decision-making process.
- Next steps: The Secretariat will pilot the approach at country level in the six WHO regions to test its applicability and practical value.
- Push back from USG on piloting the tool, might call for additional consultation.

# Recap of Advocacy Messages

## Draft 13<sup>th</sup> General Programme of Work

- Call for stronger NCD indicators under priority area “Universal Health Coverage”.
- Ensure the inclusion of a target and indicator within the Impact Framework for both Palliative Care and Physical Activity.
- Highlight NCD investment as key priority for Financing Discussions.

## Preparations for the 3<sup>rd</sup> UN High-Level Meeting

- Commend WHO for EB Report, highlighting the need to utilize the 3<sup>rd</sup> UN HLM to:
  - Increase political action on NCDs, incl. in national SDG responses.
  - Boost NCD investment.
  - Accelerate implementation of Best Buys – free from commercial interests promoted by either unhealthy commodity industries or Member States.
- Reiterate preferred modalities for UN HLM: At least 1-day meeting in September; participation at HoS/HoG level; supported by UN CSTF and CS Hearing no later than June; resulting in an Outcome Document with time-bound commitments.

# Recap of Advocacy Messages

## Draft Global Action Plan on Physical Activity

- Support adoption of draft GAPPA to boost multisectoral action and investment.
- Encourage WHO to conduct a 'Move for Health' themed activity on the sidelines of the 2018 WHA as discussed on social media by Dr Tedros a few months ago.

## Health, Environment and Climate Change

- Support development of a draft action plan for the GPW platform to address health effects of climate change in SIDS and vulnerable settings and of a draft comprehensive global strategy on health, environment and climate change for 72<sup>nd</sup> WHA in 2019.
- Encourage focus on environmental risk factors of NCDs and build momentum for co-benefit solutions at the UN HLM on NCDs.

# Following the WHO EB

## NCDA Statements

All NCDA statements will be uploaded tonight.

## Website and Social Media

Follow us on Twitter and Facebook and check the NCD Alliance website and weekly newsletter for EB updates.

## WHO Webcast

A live webcast will be available [here](#).

...and connect with the NCDA team via email/in person!



Q & A



# Thank you!

Please visit our website:

[www.ncdalliance.org](http://www.ncdalliance.org)

[@ncdalliance](https://twitter.com/ncdalliance)

