

NCD Alliance Webinar

Wednesday 16 December, 2015



NCD Alliance

PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

Agenda

Global Forum Recap and Next Steps

- *Cristina Parsons Perez (NCD Alliance)*

Global Development Campaign: IAEG Indicator Process

- *Priya Kanayson (NCD Alliance)*

Climate Change and COP21

- *Jess Beagley (NCD Alliance)*

PATH Call to Action: Access to Medicines and Technologies

- *Bonnie Keith (PATH), Helen McGuire (PATH), Jana Armstrong (Consultant)*

World Health Organization Updates

- *Katie Dain (NCD Alliance)*

Looking Ahead to 2016

- *Katie Dain (NCD Alliance)*

Global NCD Alliance Forum: Update and Next steps

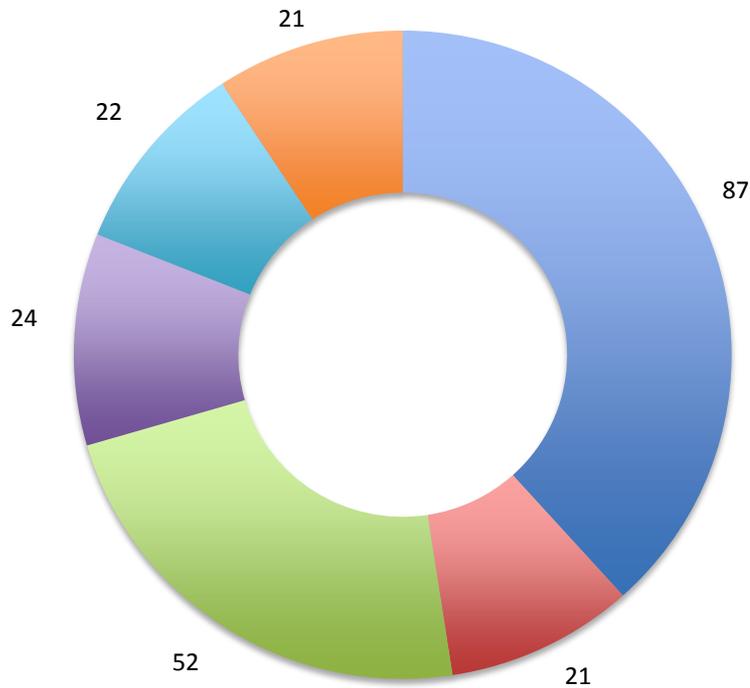
Cristina Parsons Perez,
NCD Alliance

Global NCD Alliance Forum 2015



- Advocacy and accountability
- Organisational development
- Collaboration for success

Forum Delegates



- National and Regional NCD Alliances
- Youth and Patient Advocates
- Global Health Stakeholders
- NCD Alliance and Federations
- FoCP
- Supporters Consultation Group



Youth & Patient Engagement



The Programme

PLENARY SESSION 1

The Global NCD Response: Taking stock, Looking ahead

WORKSHOP STREAM 1

Translating Global NCD Commitments to National Action in the Post 2015 Era

PLENARY SESSION 2

The NCD Civil Society Movement: Strengthening Unity, Building Momentum

WORKSHOP STREAM 2

Effective NCD Alliances for Advocacy Impact

PLENARY SESSION 3

Achieving “25 by 25”: Accountability as a Force for Change

WORKSHOP STREAM 3

Equipping the NCD movement to ensure Accountability in NCD Prevention and Control

Opening Ceremony

Facilitated networking

NCD Alliance Coffee
Connect Sessions

Lunch Sessions

Report backs

Roundtable
Planning session

Closing Ceremony

The Programme

PLENARY SESSION 2

The NCD Civil Society Movement: Strengthening Unity, Building Momentum



WORKSHOP STREAM 1

STREAM 2	Effective NCD Alliances for Advocacy Impact
WORKSHOP STREAM CO-CHAIRS	Ms Suzanne Volqvartz (Danish NCD Alliance, Denmark), Mr Olivier Reynaud (Management Sciences for Health, MSH, USA)
WORKSHOP 2.1	How to Work Effectively as an Alliance
WORKSHOP LEADS	NCD Alliance, South Africa NCD Alliance, UK Richmond Group of Charities, European Chronic Disease Alliance
	ZUMURRUD HALL
WORKSHOP 2.2	Resource Mobilisation: Collaboration for impact
WORKSHOP LEADS	Medtronic Philanthropy, ACT+, Rabin Martin
	ZABARJAD MAJLES
WORKSHOP 2.3	Campaign Planning: Step by Step Guide to Successful Campaigns
WORKSHOP LEADS	American Cancer Society (ACS), México Salud-Hable
	YAQOUT HALL
WORKSHOP 2.4	Twinning: North-South and South-South Cooperation for NCDs
WORKSHOP LEADS	Danish NCD Alliance, Uganda NCD Alliance, Kenya NCD Alliance, American College of Cardiology (ACC)
	LAZORD MAJLES

Civil Society Situational Analysis



- Understand “**who + how**” of alliances; **priorities** + activities; challenges + **capacity needs**; relationship.
- Inform **NCDA Strategic Plan 2016-2020**, and **Global NCDA Forum**.
- **Methodology:**
 - Online survey
 - In-depth interviews
 - Reports of regional meetings

Civil Society Situational Analysis:

http://ncdalliance.org/sites/default/files/files/CSSA_fv1Dec2015.pdf

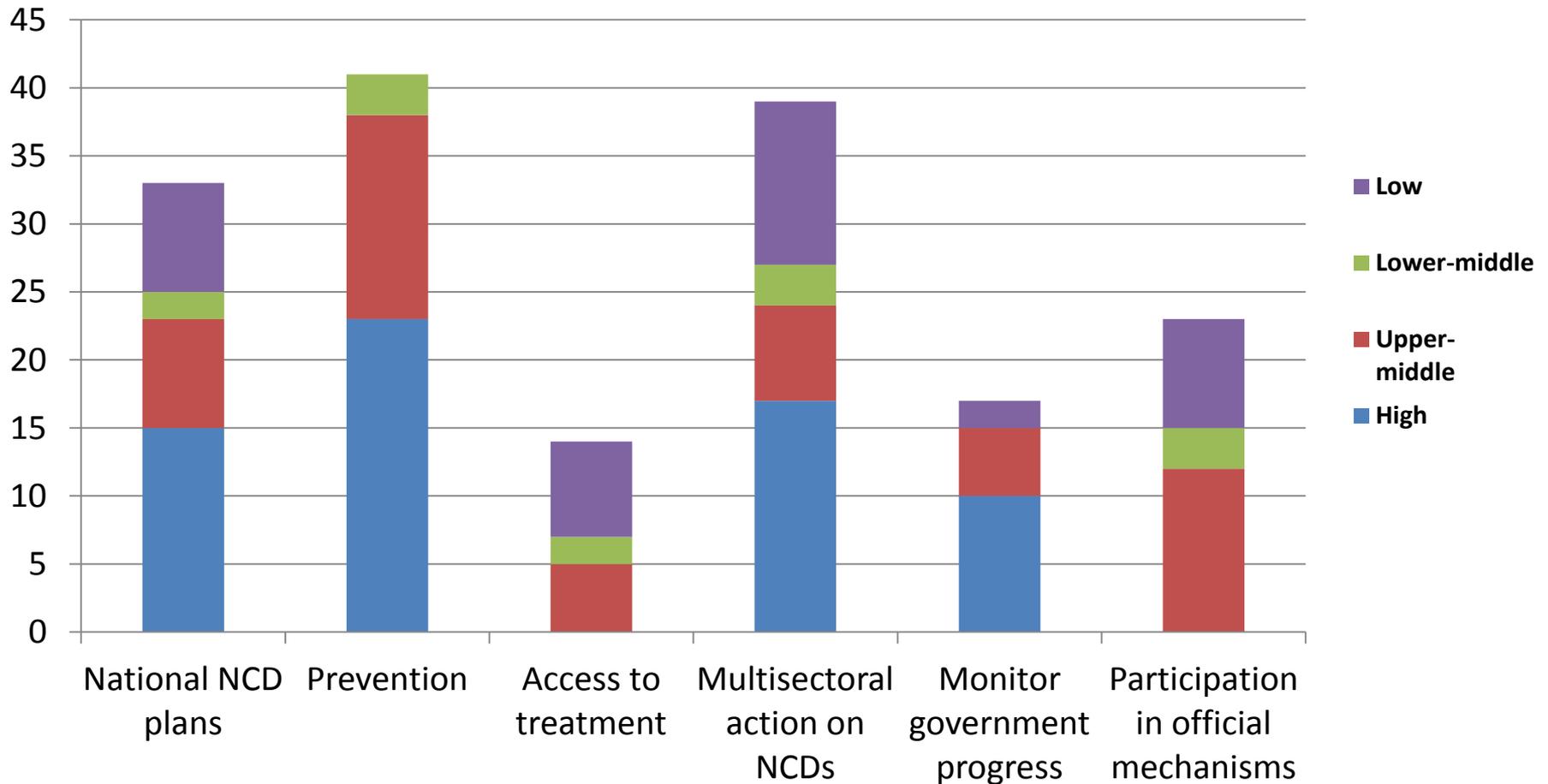
Civil Society Situational Analysis

Governance – No One Size Fits All

- Significant variety of **models and structures**.
- Over **two-thirds** of respondents from **informal alliances**.
- Alliances from **HIC more likely to be informal**. LMIC vary, with certain regions necessity for legal status (Africa).
- **Legal entity alliances**: Board of founding members, membership, secretariat.
- **Informal alliances**: Loose network; MOU with steering/executive group
- **Secretariat**: Resourced team; in-kind staff support; rotating.

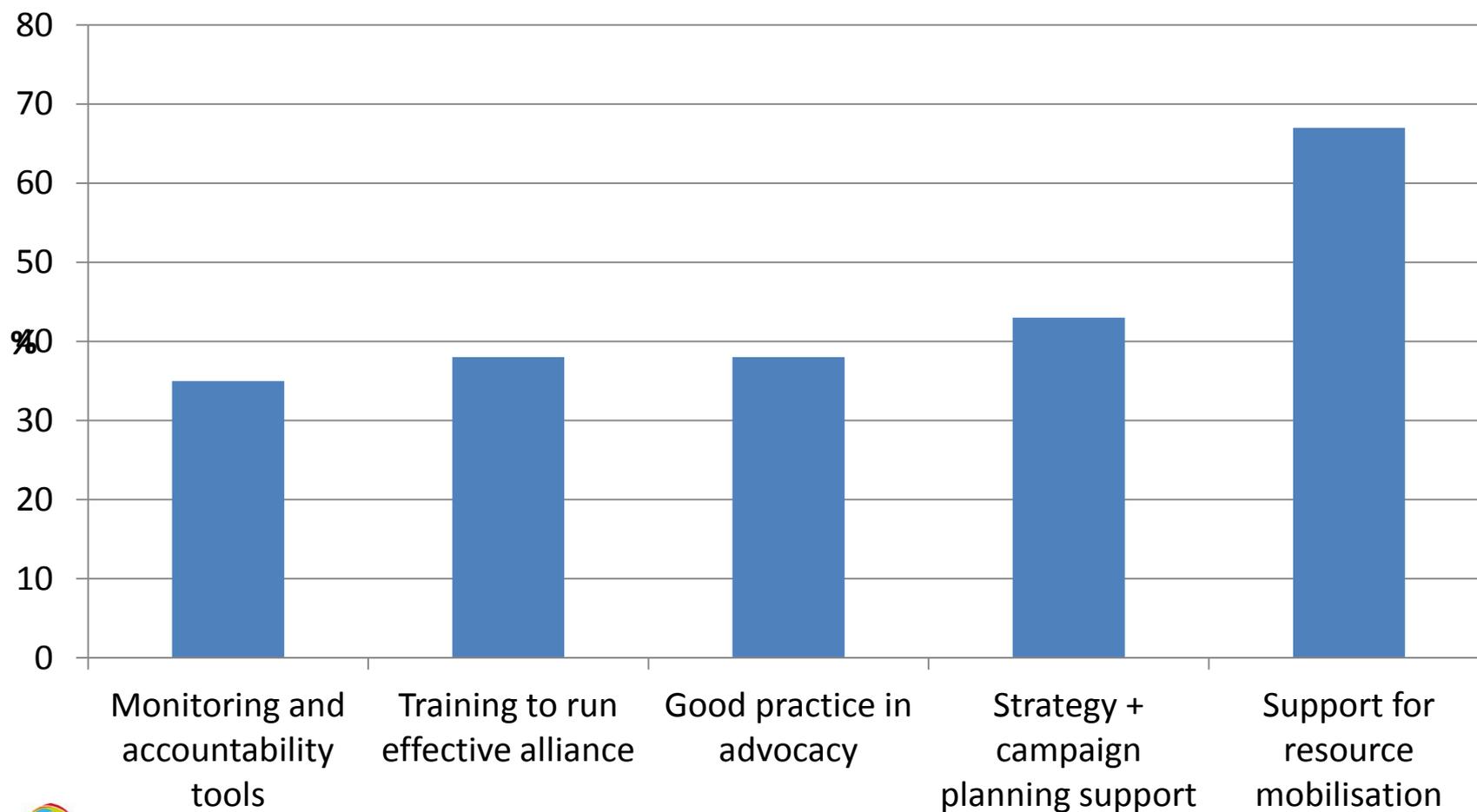
Civil Society Situational Analysis

Priority Issues



Civil Society Situational Analysis

Capacity Needs



The Programme

PLENARY SESSION 3

Achieving “25 by 25”: Accountability as a Force for Change



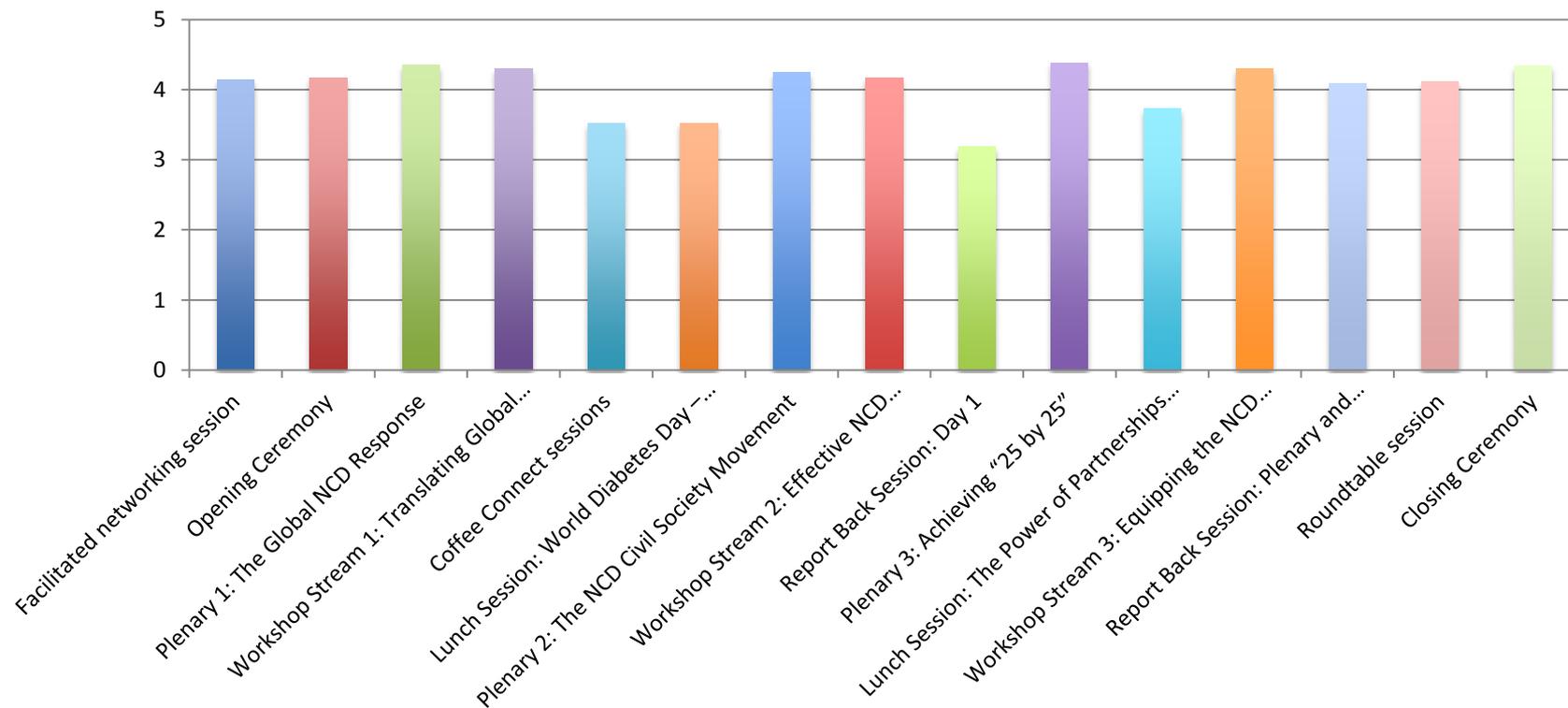
WORKSHOP STREAM 3

STREAM 3	Equipping the NCD Movement to Ensure Accountability in NCD Prevention and Control
WORKSHOP STREAM CO-CHAIRS	Mr Marc Wortmann (Alzheimer's Disease International, UK), Sir Trevor Hassell (Healthy Caribbean Coalition, Barbados)
WORKSHOP 3.1	Official Monitoring on NCDs and Civil Society Engagement
WORKSHOP LEADS	World Health Organization (WHO), NCD Alliance
	ZUMURRUD HALL
WORKSHOP 3.2	Civil Society Monitoring of the Private Sector for NCD Prevention
WORKSHOP LEADS	Healthy Latin America Coalition (CLAS), Southeast Asia Tobacco Control Alliance (SEATCA), World Cancer Research Fund International (WCRF)
	ZABARJAD MAJLES
WORKSHOP 3.3	The Power of the People: Communication Strategies to Mobilise Public Opinion on NCDs
WORKSHOP LEADS	International Union Against Tuberculosis and Lung Disease (The Union), World Lung Foundation (WLF)
	YAQOUT HALL
WORKSHOP 3.4	The Golden Practices of Engaging People Affected by NCDs in the NCD Response
WORKSHOP LEADS	Alzheimer's Disease International (ADI), International Alliance of Patient Organisations (IAPO), The Global Network of People Living with HIV (GNP+), Livestrong
	LAZORD MAJLES

Global NCD Alliance Forum 2015

- 95% of delegates rated their overall Forum experience from very good to outstanding

Average ratings of different Global NCD Alliance Forum sessions



Sharjah Declaration on NCDs

Sharjah Declaration on NCDs

Civil Society United Towards 2030

15 November 2015



الجمعية العامة
Friends Of Cancer Patients
نحن معكم



The global burden of non-communicable diseases (NCDs) threatens the health, wellbeing and prosperity of all people everywhere. National governments, the World Health Organization (WHO) and the United Nations (UN) all recognize the need to prevent, treat and manage these diseases and address their social determinants, reduce exposure to risk factors, and build stronger and more sustainable health systems. Doing so is essential to achieving the 2030 Agenda for Sustainable Development (2030 Agenda), including its target to reduce premature deaths from NCDs by one third. Investing in efforts to reduce the global NCD burden will improve health outcomes and accelerate the achievement of today's most pressing development priorities.

Civil society is at the centre of this response playing important roles in advocacy, accountability, knowledge exchange and service delivery. We, the signatories of this Declaration, national and regional NCD alliances from across the world, have gathered under the patronage of Her Highness Sheikha Jawaher bint Mohammed Al Qasimi, Wife of the Ruler of Sharjah, Founder and Patron of Friends of Cancer Patients (FoCP), International Ambassador of the World Cancer Declaration for Union for International Cancer Control (UICC) and International Ambassador for Childhood Cancer for UICC, for the first Global NCD Alliance Forum. **We come together united in our support for the 2030 Agenda, and commit to doing our part to accelerate action and increase accountability to prevent and reduce deaths, disability, stigma, and discrimination caused by NCDs.**

I. We express our commitment to:

Join forces - work together:

- Mobilize and grow strong NCD civil society alliances at national, regional and global levels, and include in our networks non-health and development actors to leverage synergies for NCDs;
- Strengthen relationships and partnerships with our governments, relevant UN agencies and other stakeholders toward a whole-of-society response to NCDs;
- Engage the grassroots in all NCD advocacy efforts, and amplify the voices of people living with and affected by NCDs, in particular those most vulnerable and most at risk.

Accelerate action - advocate for change:

- Support the development and implementation of national NCD plans and targets¹ and advocate for evidence-based policies and programmes across sectors;
- Encourage the establishment of, and participate in, high-level multisectoral NCD coordination mechanisms at national and regional levels;

- Increase awareness of NCDs as a sustainable development priority and support the integration of NCDs into national development plans and frameworks;
- Enhance awareness about NCD risk factors through public education and community empowerment to promote a whole of society response to NCD prevention and control;
- Mobilise domestic, bilateral and multilateral resources for NCDs.

Increase accountability - monitor progress:

- Support official monitoring and surveillance processes and mechanisms in collaboration with national governments, WHO, and other regional and international partners;
- Hold ourselves, our governments and the private sector accountable to respective commitments, using tools such as benchmarking, shadow reporting, and scorecards;
- Contribute to a successful UN High-Level NCD Review in 2018 and consecutive reviews.

Recognizing the urgent need to maintain global momentum and accelerate national action for NCD prevention and control, we furthermore call on:

II. Our governments and policy makers at local, national, regional levels to:

- Encourage high-level government authorities across all sectors to champion NCD prevention and control and integrate NCDs into national development plans and frameworks;
- Accelerate the implementation of agreed plans², political commitments³, targets and goals⁴ and promote evidence-based, affordable and cost-effective, population-wide interventions;
- Allocate adequate, sustained human and financial resources to NCD prevention and control;
- Protect public health policies from interference by vested interests, particularly from the alcohol, tobacco and food and beverage industries, and from legal challenges under international trade and investment agreements;
- Protect the fundamental human right to health and create environments that empower individuals, families and communities to make healthy choices and lead healthy lives;
- Ensure all people living with NCDs have access to affordable, quality NCD services, medicines and technologies, across the entire continuum of care, including palliative care;
- Engage civil society⁵ and people living with or affected by NCDs in policy development, implementation, coordination mechanisms and monitoring, and provide capacity-building to NCD alliances and networks, particularly in low and middle income countries;
- Establish robust and transparent monitoring and evaluation systems in order to regularly report on NCD policy progress and health outcomes at national, regional and global level.

III. The United Nations system and other multilateral organisations to:

- Mobilize the entire UN system to *Deliver as One for NCDs*, and integrate NCDs into broader human rights, health⁶ and development⁷ policies and programmes;
- Provide technical support to governments in low and middle income countries to achieve agreed NCD goals and targets as part of overall efforts to achieve the 2030 Agenda;
- Reduce the global resource gap in NCDs, through the prioritisation of NCDs in bilateral and multilateral development assistance strategies and improve tracking of resources for NCDs⁸;
- Ensure full and comprehensive civil society participation in the 2018 UN High-Level Review and a strong outcome document with measurable, time-bound commitments.

IV. The business community to:

- Embrace public health objectives in their core business;
- Provide healthy work environments for all employees through comprehensive and standardized workplace wellness programmes and health promotion activities;
- Comply with and refrain from opposing agreed international treaties, codes and national regulations on the production and marketing of unhealthy products, in particular those targeting children⁹;
- Implement healthy food environments, including through making healthy and nutritious food affordable and available and applying clear and transparent nutrition labelling¹⁰;
- Improve access to affordable, quality assured NCD prevention and control services in public and private facilities, including essential medicines and technologies;
- Mobilize resources for the prevention and control of NCDs in keeping with global calls for the involvement of the business sector and the Addis Ababa Action Agenda.

V. National and International Media to:

- Raise awareness of the scale and human, environmental and economic costs of NCDs;
- Expose practices and products that harm public health and fuel the NCD epidemic;
- Provide clear, evidence-based information on NCD prevention, including leading risk factors, and NCD treatment and care.

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.



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نحن معكم



¹ UN Sustainable Development Goals, target 3.4, as well as 3.5, 3.6 and the means of implementation targets 3a - 3d.

² In line with the WHO Global NCD Action Plan 2013-2020 and the Global NCD Monitoring Framework

³ WHO Global NCD Action Plan 2013-2020

⁴ UN Political Declaration on NCDs 2011 and 2014 UN NCD Review and Assessment Outcome Document

⁵ WHO Global NCD Monitoring Framework and the UN Sustainable Development Goals, in particular targets 3.4, 3.5 and 3.6 as well as the means of implementation targets 3a - 3d

⁶ NCD civil society includes amongst others: non-governmental and not-for-profit organisations, organisations of patients and youth advocates, healthcare professionals, researchers and academics.

⁷ In particular reproductive, maternal, child and adolescent health and infectious diseases, as well as broader efforts towards health systems strengthening and realizing Universal Health Coverage.

⁸ Including programmes aimed addressing poverty reduction, climate change, nutrition and food security, gender equality and education.

⁹ Including by developing a purpose code for NCDs in the OECD Creditor Reporting System (CRS) tracking Official Development Assistance for health as called for in the UN 2014 Review and Assessment Outcome Document.

¹⁰ Acting in accordance with the WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children and the international code of marketing of breast-milk substitutes.

¹¹ In accordance with the Codex Alimentarius.

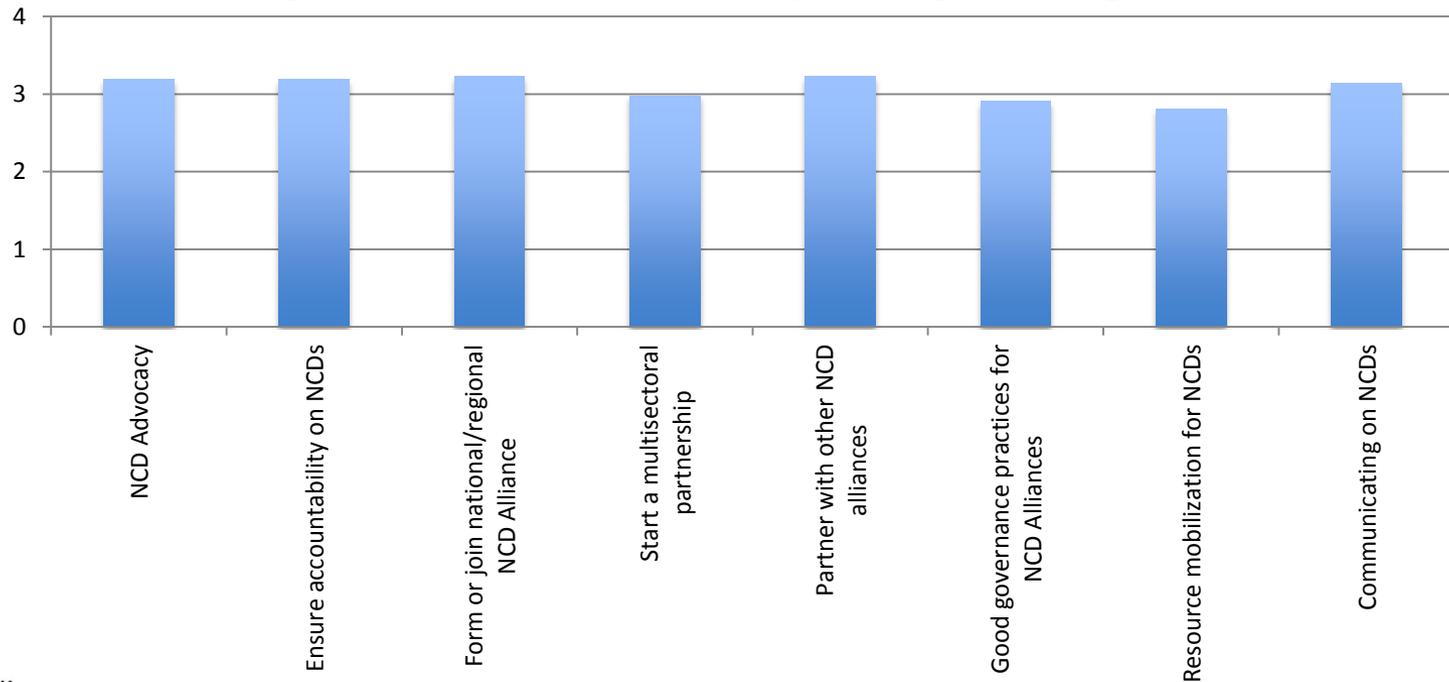
Sharjah Declaration on NCDs:

http://ncdalliance.org/sites/default/files/rfiles/Sharjah%20Declaration_FV_eng.pdf

Global NCD Alliance Forum 2015

- Sharjah Youth Statement
- Nascent NCD Alliances
- Advocate confidence levels

Average confidence levels in explaining learning to others



Global NCD Alliance Forum 2015

What do you plan to do differently as a result of the Forum?

Work in coordination with other institutions outside of the health area

Amplify the role of youth as emerging leaders for prevention and control of NCDs

I am going to establish National NCD alliance in collaboration with different CSOs in my country

How our alliance relates to government (supportive and complementary) ; how to account to stakeholders (more transparent)

Speak others language. Use more poverty, development, social impact in our advocacy

Work together as a regional alliance to hold governments accountable to their commitments

Next steps

- Global NCD Alliance Forum 2017!
- Sharjah Declaration Follow up
- Relationship between NCD Alliance Global and Regional/National NCD Alliances
- NCD Alliance Capacity Building Strategy

“If you want
to go fast,
go alone;
if you want
to go far,
go together”

African proverb
#NCDAForum2015



Q & A



Global Development Campaign Update



By Priya Kanayson,
NCD Alliance

Overview

Update on the Post-2015 Indicator Development Process



Update: Indicators for the SDGs

Process thus far:

- **26 – 28 Oct:** 2nd [meeting](#) of IAEG-SDGs (Bangkok)
- **4 – 7 Nov:** Open [consultation on 'green'](#) indicators
 - NCDA submitted comments on indicators for targets **2.2** (nutrition), **3.4** (NCDs), **3.5** (harmful use of alcohol), **3.6** (road injuries), **3.a** (FCTC), **3.b** (access to meds), and **7.1** (pollution)
- **9 – 15 Dec:** Open [consultation on 'grey'](#) indicators
 - NCDA submitted comments on indicators for targets **3.8** (UHC) and **3.9** (air pollution)

Important documents:

- [Website](#) of the IAEG-SDGs
- [Proposed workplan](#) for the IAEG-SDGs
- [Updated list](#) of priority indicators (v. 2 November)

Update: Indicators for the SDGs

Updated proposed timeline:

- **1 Dec – 15 Feb:** Work on grey indicators
 - Continued discussion on data disaggregation
- **7 – 16 Dec:** Report for Statistical Commission is finalised for submission
 - Takes into account COP21 outcome and results of open consultations
- **mid-Jan:** Meeting of the High Level Group, co-chairs of IAEG-SDGs will participate
- **March 2016:** 3rd meeting of IAEG-SDGs

Important documents:

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- [Updated list](#) of priority indicators (v. 2 November)

Update: Indicators for the SDGs

NCD Indicators (Target 3.4)

Original

3.4.1

Probability of dying of CVD, cancer, diabetes, or CRD between ages 30 and 70

Updated (v. 2 Nov)

3.4.1

Probability of dying of CVD, cancer, diabetes, or CRD

3.4.2

Suicide Mortality Rate

NCD Alliance Indicator Consultation Process

January 2015

- Initial NCDA network consultation
- **Result:** Table with proposed indicators for NCD – relevant targets



August 2015

- Consultation based on proposed indicators
- **Result:** Collective NCD community submission to IAEG-SDGs



November 2015

- Consultation on indicators marked 'green' at IAEG mtng
- **Result:** NCDA commented on 9 indicators



December 2015

- Consultation on indicators marked 'grey'
- **Result:** NCDA commented on indicators for UHC and air pollution

Next Steps: Continue to follow IAEG-SDGs process and participate in future open consultations

Next Steps

- Follow indicator process, [here](#)
- Utilise the Sustainable Development [Knowledge Platform](#) for information about:
 - High-Level Political Forum
 - Technology Facilitation Mechanism
 - Stakeholder Engagement
- Inform NCDA of planned activities by email: (info@ncdalliance.org)



Climate Change: Updates from COP21



By Jess Beagley
NCD Alliance

21st Conference of Parties

Who?

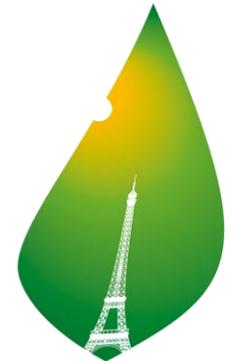
- 195 Member States party to the United Nations Framework Convention on Climate Change (UNFCCC)
- Together with civil society, private sector, academia, etc

Where and when?

- Paris, 30 November – 12 December

Why?

- Review implementation of UNFCCC
- Reach international agreement on climate change to limit average global temperature increases to below 2°C



COP21 • CMP11
PARIS 2015
UN CLIMATE CHANGE CONFERENCE

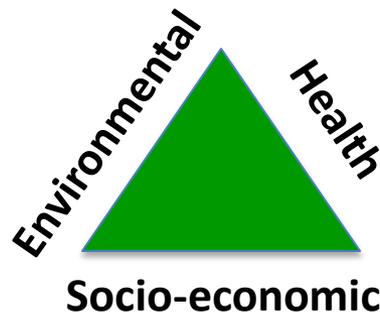
<http://www.cop21.gouv.fr/en/>
<http://newsroom.unfccc.int/paris/>

UN Framework Convention on Climate Change

Health – ‘One Third’ of the Adverse Effects of Climate Change

For the purposes of this Convention:

1. "Adverse effects of climate change" means changes in the physical environment or biota resulting from climate change which have significant deleterious effects on the composition, resilience or productivity of natural and managed ecosystems or on the operation of socio-economic systems or on human health and welfare.



Access the UNFCCC

http://unfccc.int/files/essential_background/background_publications_htmlpdf/application/pdf/conveng.pdf

Climate and NCDs - Recap

- Climate Change and NCDs are two defining challenges of the century
- Air pollution causes 7 million deaths annually
- Major challenge, but also **major opportunity** in terms of co-benefits

-  **Reduce emissions!**
-  **Active transport – walking, cycling**
-  **Sustainable food systems – less red meat / processed food**
-  **...sustainable urbanisation**

- Also many other health impacts beyond NCDs – malaria, diarrhoea, dengue all highly sensitive to temperature changes

**Coming soon: NCD Alliance / Global Climate and Health Alliance
Policy Brief on Climate Change and NCDs**

The Paris Agreement

- Hold the increase in the global average temperature to **well below 2 °C** above pre-industrial levels and to pursue efforts to limit the temperature increase to **1.5 °C** above pre-industrial levels
- To meet to review each country's national contribution ('Intended Nationally Determined Contribution'; INDC) to cutting emissions **every 5 years, beginning in 2018**
- For developed countries to provide a "floor" of **USD 100bn** to developing countries to adapt to climate change and switch to renewable energy

Read the full Agreement

<http://unfccc.int/resource/docs/2015/cop21/eng/l09r01.pdf>

Health in the Paris Agreement

ADOPTION OF THE PARIS AGREEMENT

Draft decision -/CP.21

The Conference of the Parties,



Preamble

Acknowledging that climate change is a common concern of humankind, Parties should, when taking action to address climate change, respect, promote and consider their respective obligations on human rights, **the right to health**, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity,

Enhanced Action Prior to 2020

109. *Recognizes* the social, economic and environmental value of voluntary mitigation actions and their co-benefits for adaptation, **health** and sustainable development;

What Next?

-  Remaining countries to submit their national contributions (INDCs) **as soon as possible** - and 'well in advance' of COP22 (160 so far) – and to accelerate progress
-  Encourage communication and collaboration between the **environment and health** sectors (and beyond) at national level and inclusion of health language in climate policies
-  Promote **health sensitive monitoring and evaluation** of current national climate policies
-  Advocate for **increased climate financing** for the benefit of human and planetary health

View Submitted INDCs

<http://www4.unfccc.int/submissions/indc/Submission%20Pages/submissions.aspx>

Q & A



No Empty Shelves

Diabetes Supplies, There When Needed

Bonnie Keith and
Helen McGuire,
PATH

Jana Armstrong,
Consultant

December 2015



Project objectives

1. Strengthen the global evidence base on availability of affordable essential medicines and technologies (EMTs) for diabetes in low- and middle-income countries (LMICs).
2. Raise awareness of major barriers to availability of affordable diabetes EMTs.
3. Build a network of key stakeholders committed to taking action to increase the availability of affordable EMTs for diabetes and other NCDs.



Technical Advisory Committee

Prof. Edwin Gale	University of Bristol
Dr. Eric Mallard	The World Bank
Prof. Jean Claude Mbanya	University of Yaoundé 1
Dr. Kibachio Joseph	Ministry of Health, Republic of Kenya
Ms. Katie Dain	NCD Alliance
Dr. Larry Deeb	Tallahassee Memorial Hospital
Dr. Marie Ka-Cisse	Ministry of Health and Social Action, Republic of Senegal
Dr. Prashant Yadav	University of Michigan
Dr. Veronika Wirtz	Boston University

Global targets

World Health Organization (WHO)

- Achieve 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.

WHO. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Geneva: WHO; 2013.

Sustainable Development Goals

- Reduce premature mortality from NCDs by one-third (Goal 3.4) and ensure access to affordable, quality-assured essential medicines (Goal 3.b).

United Nations (UN) General Assembly. Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1. New York: UN; 2015.

Essential diabetes medicines and technologies

Medicines, by class and preferred product	Technologies
Biguanide (metformin)	Insulin syringes with adult and pediatric needles
Sulfonylurea (gliclazide or glibenclamide)	Glucometer
Insulin (soluble, intermediate)	Blood glucose test strips
Glucose elevating hormone (glucagon injection)	Hemoglobin A1c analyzer
Diuretic (hydrochlorothiazide)	Hemoglobin A1c testing consumables
Angiotensin-converting-enzyme inhibitor (enalapril)	Urine glucose test strips
Calcium channel blocker (amlodipine)	Urine ketone test strips
Beta blocker (bisoprolol)	Blood pressure measurement device, with digital reader
Statin (simvastatin)	Fundoscope
Mydriatic-cycloplegic (tropicamide eye drops)	Monofilament
	Urine protein test strips
	Weigh scale

Project outputs

Global landscape report

- *Diabetes Supplies: Are they there when needed?*

Country assessments

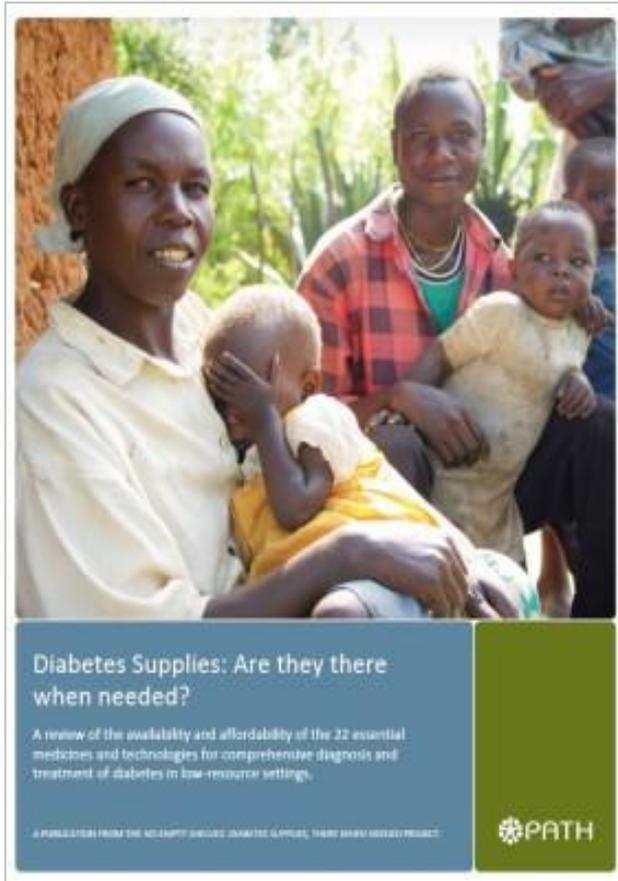
- Kenya
- Senegal

Global call to action



PATH/David Jacobs

Global landscape report: *Diabetes Supplies: Are they there when needed?*

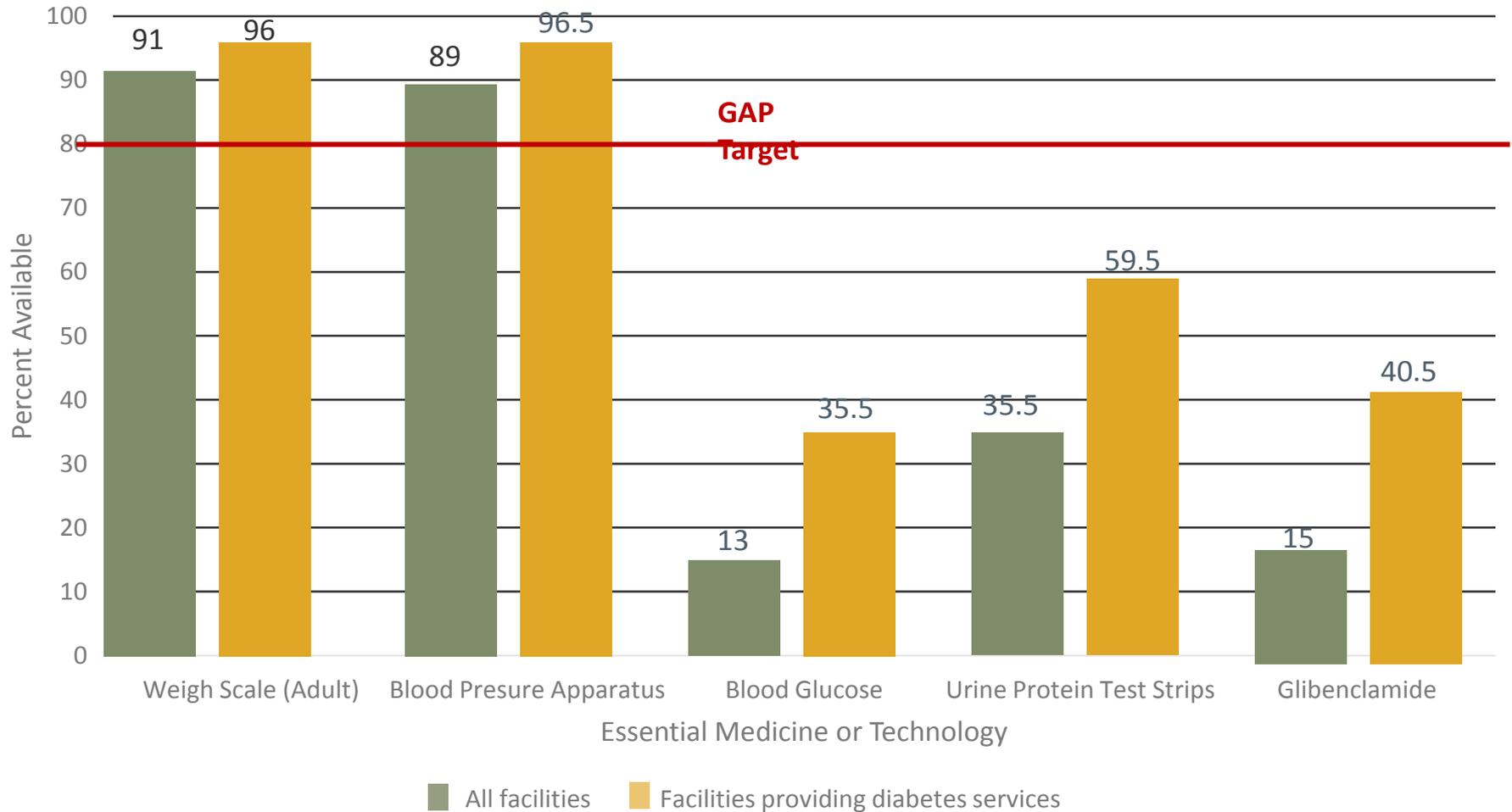


Available at: www.path.org

Availability of diabetes EMTs: What do we know?

- General availability is insufficient to meet the needs of people with the disease.
- EMTs are most available in the private sector, urban areas, and at higher levels of care.
- Facilities recognized for delivering diabetes services also demonstrate an inadequate supply of diabetes EMTs.
- There are notable disparities in availability across and within countries.
- Technologies to monitor blood glucose have limited availability across both sectors, though more so in the public sector.
- EMTs are far less available than medicines for acute disease, such as amoxicillin.

Median availability of essential diabetes medicines and technologies, all facilities and facilities providing diabetes services

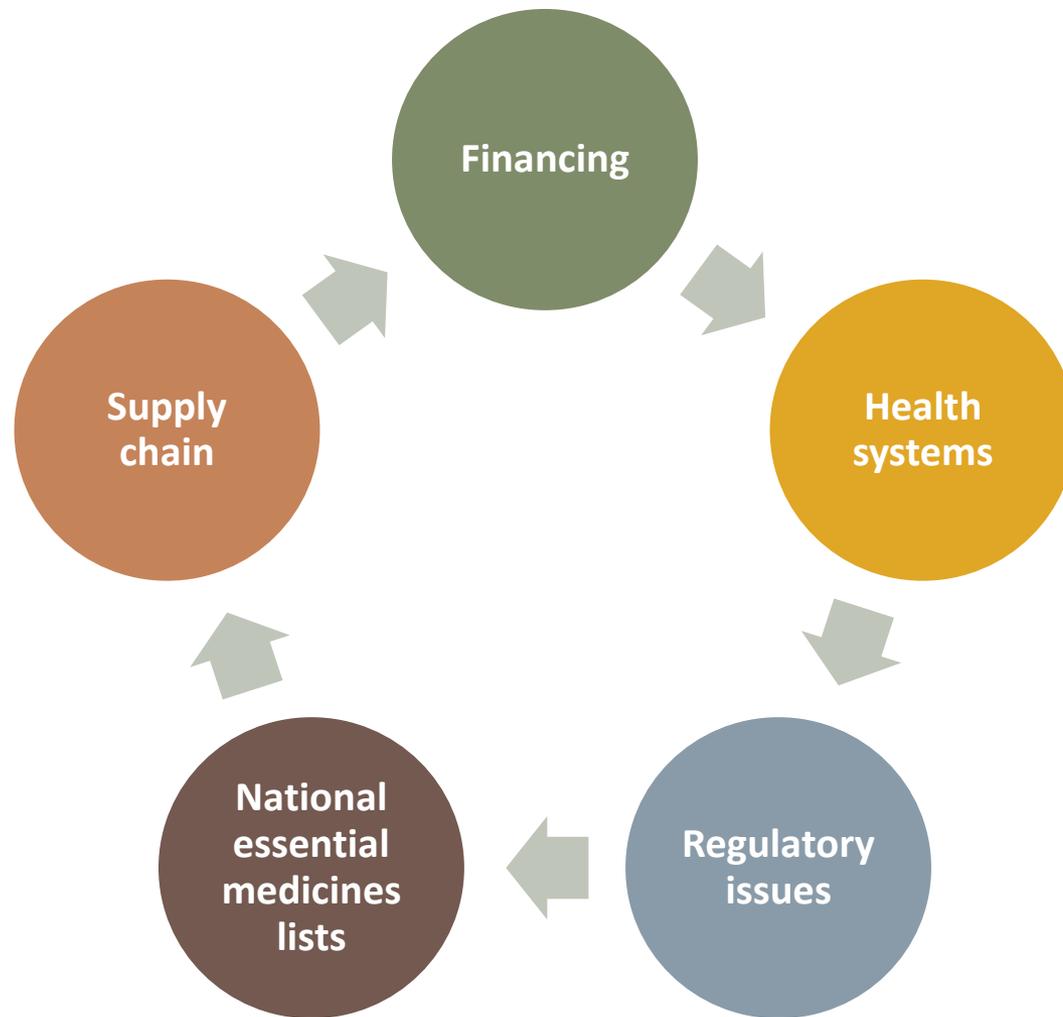


Source: WHO SARA Reports from Benin, Burkina Faso, Tanzania, and Zimbabwe. 2010-2013.

Affordability of diabetes EMTs

- Data suggest that select diabetes medicines are often unaffordable.
- Mark-ups between the procurement and retail prices in public sectors that charge for medicines can be high.
- There are widespread discrepancies within and between countries, e.g. costs ranged from one days' wages in Fiji to eight days' wages in Ghana.

Factors affecting availability of diabetes EMTs



Country assessments in Kenya and Senegal

Supply Chain Assessment

- Adapted from RAPIA
- Three regions per country
- 50 interviews per country

Pricing and Availability Survey

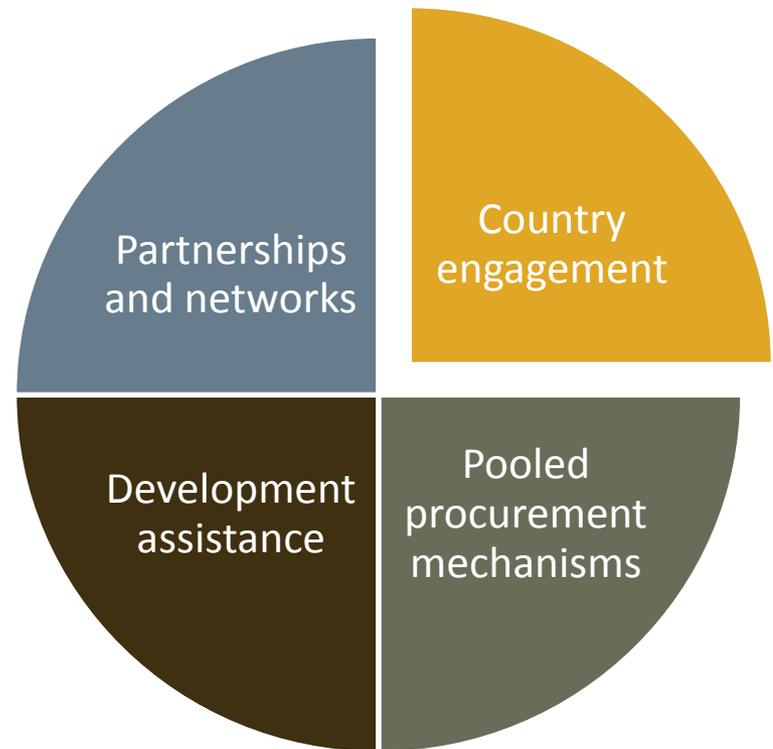
- Adapted from WHO/HAI survey met
- Five regions per country
 - Three overlap
- 60 facilities per country



PATH/Gena
Morgan

Experience across health sectors: Keys to improving availability and affordability of EMTs

- Partnerships and networks
 - Drive advocacy and accountability at global, national, and local levels
- Development assistance
 - Facilitating partnership development
 - Actual procurement
- Pooled procurement mechanisms
- Country engagement



Calling our partners to take action

- Ensure access to affordable EMTs for diagnosis and management of NCDs:
 - Meet the GAP and SDG targets.
 - Secure the link between NCDs and universal health coverage.
 - Improve the quality of life for people affected by NCDs.
- [Sign](#) the *No Empty Shelves* Call to Action today.
- Share on social media.
#noemptyshelves

No Empty Shelves:

Calling for Access, Availability and Affordability of Essential Medicines and Technologies for Non-Communicable Diseases



Non-communicable diseases (NCDs) are a major public health concern with significant social and economic implications. Four NCDs—diabetes, cardiovascular disease, cancer, and chronic respiratory disease—are now the leading cause of morbidity and mortality worldwide. Almost three-quarters of NCD-related deaths occur in low- and middle-income countries (LMICs), where the essential medicines and technologies (EMTs) to diagnose and treat NCDs are often unavailable at health facilities.

Global targets have been set to decrease NCD-related morbidity and mortality. A critical success factor is the availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in public and private health facilities. LMIC policy makers, the private sector, multi-lateral institutions, technical partners, financial contributors, and advocates must collaborate to strengthen health and supply systems that ensure affordable access to appropriate and quality-assured EMTs for NCDs.

On the occasion of Universal Health Coverage Day, we, the below signatory organizations and individuals, would like to highlight the importance of the critical link between universal health coverage (UHC) and access to affordable, quality EMTs to treat NCDs in LMICs and to call on our colleagues to join us in our efforts to reach the World Health Organization's (WHO) *Global Action Plan for the Prevention and Control of NCDs 2013-2020* (GAP) target of **80% availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private health facilities.** Today, the majority of countries are NOT on track to meet this target.

A recent study¹ shows systemic barriers and the needs that are likely common to all NCD EMTs. Diabetes EMTs are rarely available in 80% of public or private facilities and

are least available in the public sector, rural areas and at the lowest levels of care. Current approaches and systems for procurement and distribution of diabetes EMTs are not efficient and do not meet existing needs, let alone the projected demand with diabetes prevalence on the rise. Affordability and financing of EMTs is also a serious problem in LMICs.

Our signatures reflect our commitment to playing our respective roles to achieve the global targets set by the GAP and the Sustainable Development Goals (SDGs) that will significantly decrease NCD-related morbidity and mortality.

- According to the WHO, a multi-stakeholder approach is essential in order to meet the GAP target of 80% availability
- Sustainable Development Goals 3.4 and 3.8 are integrally linked to one another. A one-third reduction in premature mortality through prevention and treatment of NCDs (3.4) requires achievement of UHC, including access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (3.8).

WE CALL ON POLICY-MAKERS IN LMICs:

- To integrate NCDs into activities to strengthen the health and supply systems in the public and private sectors, including strategies to achieve UHC.

WE CALL ON MULTILATERAL INSTITUTIONS AND TECHNICAL PARTNERS:

- To build the evidence base to support policy and systems change.

WE CALL ON FINANCIAL CONTRIBUTORS:

- To include and prioritize NCDs within programs that support strengthening of health systems, regulatory authorities and supply chains.

WE CALL ON ADVOCATES:

- To engage civil society and join with people living with NCDs to advocate for continual access to affordable quality EMTs with their community leaders, policy makers and governments.

WE CALL ON THE PRIVATE SECTOR:

- To partner for solutions to address access to affordable, quality-assured EMTs in LMICs.

1 PATH, Diabetes Supplies: Are they there when needed? 2015.

The following institutions are supporting the call:



THE LANCET

THE LANCET Diabetes & Endocrinology

THE LANCET Global Health



Thank you



Q & A



World Health Organization Updates



Katie Dain,
NCD Alliance

GCM/NCD Dialogue: Intl. Cooperation on NCDs

30 Nov – 1 Dec, WHO Headquarters, Geneva

- 250 participants (MS, UN, CSOs & Patients, Academia, PS)
- Prioritize robust **domestic policies** for NCDs
- Build capacity in governments to ensure **policy coherence**, domestically and internationally (in part. trade / NCDs)
- No notable increase in ODA for NCDs predicted: **improve taxation systems** to finance *2030 Agenda* and NCD response
- **“Sin Taxes”**, in particular tobacco taxes, championed best-buy; but innovative financing must go beyond sin taxes
- **“Integration”**: HSS, UHC, infectious diseases, RMNCAH
- Richard Horton: NCDs – THE **social justice** issue of our time
- **Accountability**: NCD movement too quiet?

GCM/NCD Pre-Dialogue Caucus Meetings

29 November, NCDA and YP-CDN NGO Caucus

- Three pre-dialogue caucuses: UN system, NGOs, private sector
- 44 participants (NGOs, youth organisations, academia)
- Pre-Caucus survey: barriers / challenges / opportunities

Three Recommendations:

1. **GCM/NCD and Member States:** Clarify role of NSAs in GCM/NCD terms of reference & improve GCM Working Groups process
2. **Member States:** Track NCD resources – OECD CRS purpose code
3. **Civil Society:**
 - Improve coordination/joint advocacy towards 2018 UN Review;
 - Prioritize integrated accountability frameworks;
 - Reach out to non-health sectors;
 - Integrate NCDs into HSS efforts and UHC.

GCM/NCD Virtual Discussion Forum

- **When:** January 2016 (TBC)
- **Format:** Moderated online discussion on new GCM web portal
- **Moderator:** Dr Richard Horton, Editor-in-Chief, The Lancet and guest expert speakers
- **Objectives:** Share knowledge, experience, successes and challenges **to mobilize, strengthen and focus intl. cooperation on NCDs in support of national NCD responses**
- **Output:** Policy & Practice Paper

Register here: http://gcmportal.org/global_discussion

GCM/NCD Working Groups

Final GCM Working Group Reports

- Expected submission to WHO Director General this month; not included in WHO EB documents – **Set up of drafting group at EB to ensure consideration by Member States at WHA?**

New Working Groups 2016-2017

- **3 new working groups:**
 - Integration into other programmatic areas
 - Alignment of intl. cooperation with nat. plans
 - Education/Health Literacy
- Member States nominations to be received by end of January through Regional Directors – **reach out to your government now to make nominations**

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When: 25-30 January 2016

Documentation: Agenda & papers to be made available this month

6. Noncommunicable Diseases

6.1 Maternal, infant and young child nutrition

6.3 Preparations for third UN High-level Meeting in 2018

- Process to review Appendix 3
- Process to develop NSA register
- GCM/NCD update (does not include WG reports)
- GAP Progress Report 2013-2015 (9 process indicators)
- Progress on achievement of the nine global targets (25 outcome indicators)
- Secretariat GAP Implementation Report
- Update on technical paper to develop CRS code to track ODA for NCDs

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6.4 Special session of 2016 UNGASS on the World Drug Problem

5. WHO Reform

5.3 Framework of engagement with Non-State Actors (*Member States meeting Dec 7-9*)

7. Promoting health throughout the lifecourse

7.2 Health in 2030 Agenda – *report includes NCD chapter*

7.3 Operational Plan: Global RMNCAH Strategy

7.4 Draft global strategy and plan of action on healthy ageing

7.5 Health and environment: Draft roadmap on addressing air pollution

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8. Preparedness, surveillance and response

8.7. Health of migrants

9. Communicable diseases

9.2 HIV 2016-2021 Global health sector strategy

10. Health systems

10.1 Health workforce:

- Draft Global Strategy human resources for health: workforce 2030
- Framework on integrated people-centred services

More information: NCDA in-depth webinar in January

National NCD Directors Meeting

15-17 February, WHO Headquarters, Geneva

- First meeting of national focal points
- **Focus:** Help countries achieve 2014 UN Review commitments, in particular the four time-bound commitments
- **Participants:** Member States only
- **NSA participation:** “Marketplace” on Day II (TBC)

Q & A

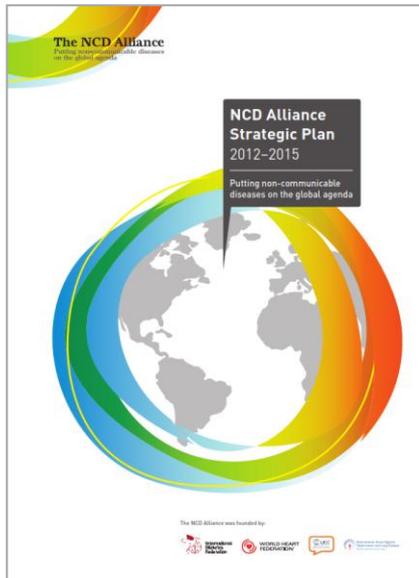


Looking Ahead to 2016

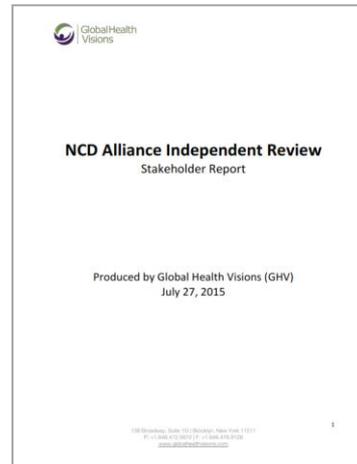


Katie Dain,
NCD Alliance

NCDA Strategic Plan 2016-2020



2012-2015



<http://ncdalliance.org/ncd-alliance-independent-review-2015>

2015



2016-2020

NCDA Strategic Plan 2016-2020

Long-term Goals

2025
reduce by **25%**
overall premature mortality
from NCDs

2030
reduce by **33%**
overall premature mortality from
NCDs and promote mental health and
well-being

Mid-term Goals

INTEGRATE NCDs as a priority in global, regional and national health and development planning and implementation.

MOBILISE adequate and sustainable financial and human resources for NCD prevention and control at all levels.

IMPROVE the capacity and sustainability of national and regional CSO alliances and networks in LMICs to effectively influence NCD prevention and control policies.

NCDA Strategic Plan 2016-2020



Advocacy Priorities in 2016

- **Agenda 2030** – IAEG indicators; follow up & review process; translating agenda to national/regional levels;
- **Strengthen links btwn NCDs & other SDGs** – HIV/AIDS, RMNCAH, sustainable cities, gender equality, environment.
- **Financing for NCDs** – Follow up from FfD Conference; OECD purpose code.
- **Global NCD Action Plan / GCM** – Review of Appendix 3; NSA register; GCM working groups.
- **UN Review on NCDs 2018** – Preparatory process.

Thank you!

Please visit our website:

www.ncdalliance.org

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

