

NCD Alliance Advocacy Briefing
70th WHO AFRO Regional Committee Meeting (Virtual session)
25 August 2020

This briefing note provides an overview of the NCD Alliance’s main advocacy priorities and key messages for the 70th WHO AFRO Regional Committee Meeting (RCM). The 2020 RCMs take place as the world continues to grapple with the COVID-19 pandemic. This year’s RCMs are set to be held virtually months after the first session of the 73rd World Health Assembly (WHA73), which was held as a virtual de minimis meeting, the United Nations High-Level Political Forum 2020 (HLPF 2020), and the release of the Sustainable Development Goals 2020 [Report](#).

This year RCMs present a key opportunity to encourage rapid implementation of global commitments, especially those set out in Political Declarations of the High-Level Meetings (HLMs) on Noncommunicable diseases (NCDs) and Universal Health Coverage (UHC), and those in the more recent landmark resolution on COVID-19 response, adopted by the WHA73 in May 2020. RCMs can also be pivoted to encourage leaders to drive progress at a rate which goes above and beyond the language contained within these documents, catalysing a wider international response.

The areas outlined in this briefing are intended to support advocates in conversations with Member State representatives and combine relevant agenda items and key messages used for the past global meetings, as well as those specific for agenda items for the WHO AFRO RCM. Official documents for the meeting can be found [here](#).

Overall context for advocacy priorities:

The current COVID-19 pandemic has highlighted that Member States worldwide need to elevate the voices of people living with NCDs, young people, and marginalised populations, particularly by assessing the specific impact of the pandemic on them, their needs and by ensuring their inclusion in decision making processes. Emerging evidence from the COVID-19 pandemic:

- Suggests that people living with NCDs are at higher risk of becoming severely ill or dying from the novel coronavirus;
- People living with NCDs are at a higher risk of severe complications and death from COVID-19;
- People with compromised immune systems (e.g. due to cancer treatment, diabetes, COPD, steroid treatment) are at high risk of developing complications from COVID-19;
- Indicates that COVID-19 and its treatments may also cause life-threatening or long-lasting impacts;
- Demonstrates disruption to the provision of essential public health functions and necessary health services, including for people living with NCDs;
- Indicates that there are challenges in accessing critical care and treatment for people living with NCDs globally as a result of lockdowns, social distancing and other virus containment policies pursued by governments.

Advocates may wish to focus on COVID-19 pandemic response at the national, regional and global levels to consider the healthcare needs of people living with NCDs through the inclusion of NCDs in

the regional and national response and preparedness plans and guidelines, and the meaningful involvement of NCD civil society and people living with NCDs in decision making processes.

Key messages:

- We urge Member States to recognise the link between NCDs, and the ongoing COVID-19 pandemic.
- We urge Member States to consider their population’s current NCD burden whilst designing their national preparedness and response plans to the COVID-19 pandemic and ensure the maintenance of programmes that support the prevention and control of NCDs.
- We urge governments to discourage the adoption of vertical, siloed approaches to health issues in order to successfully strengthen their health systems and “build back better” in light of the COVID-19 pandemic.

Universal Health Coverage (UHC)

Follow-up to the HLM of the general assembly on Universal Health Coverage: moving together to build a healthier world

The 146th WHO Executive Board (EB146) noted the report [EB146/6](#) which outlined the next steps for WHO, following up on the [political declaration on UHC](#) from the HLM, and the [UHC monitoring report](#) of 2019. It described WHO’s 2019 monitoring report “[Primary health care on the road to universal health coverage](#),” and identified challenges in ensuring equitable progress, and discussed the need to invest in UHC and eliminate catastrophic health expenditure in order to increase human capital and economic prosperity.

In terms of next steps, WHO will prioritise integration of services and programmes as outlined in the [Global Action Plan for Healthy Lives and Well-being for All](#), and will summarise progress and recommendations in a report submitted to the 75th session of the UN General Assembly in 2021.

Provisional agenda item 8: Strengthening country presence to deliver Universal Health Coverage in Africa

The Regional Committee will review a paper presenting the findings from a functional review (FR) of all 47 WHO offices, conducted between August 2017 and October 2019. The review process included more than 800 interviews with anonymous sources, and over 300 consultations with various stakeholders, including ministers and senior staff of ministries of health, United Nations country teams, bilateral partners and civil society organisations.

The paper presents key challenges to achieving UHC identified by the FR team and outlines action for WHO to take to improve its support to Member States at country and regional level to mitigate these challenges.

The **challenges** identified include:

1. Poor partner coordination
2. Limited capacity for health sector governance at national and subnational levels
3. Unavailability of credible data for evidence-based decision-making
4. Inefficient hHealth financing
5. Insufficient quality of technical assistance provided by WHO

6. Limited capacity of Member States to address health system weaknesses

The **actions proposed** for WHO to mitigate these challenges are:

1. Differentiated approach to strengthening country offices
2. Enhancing WHO capacity for cross-cutting functions
3. Improving value for money
4. Sustaining WHO Regional Office support

Key messages:

Differentiated approach to strengthening country offices should prioritise the achievement of UHC and address existing inequity:

- We welcome WHO's planned differentiated approach to strengthening country offices and call on WHO to ensure that this initiative addresses lingering health inequities and inequalities within and among countries.
- We encourage Member States to leverage the full potential of existing multilateral systems and regional cooperation to ensure that the most vulnerable populations are protected. The path to UHC will vary for all countries, nevertheless, health systems founded on strong primary health care (PHC) are essential to the achievement of UHC and ultimately the SDGs.
- We call on WHO to support countries in their efforts to achieve UHC in accordance with their respective national contexts, priorities and competences.

Recommendations:

- **Enhance partner coordination and discourage the siloed approach:** We call upon WHO to fulfil its mandate as the directing and coordinating authority on international health work and discourage the verticalised/siloed approach to health interventions. Such approaches are prone to duplication of efforts, fragmentation of care and waste of scarce resources. WHO should prioritise the assessment of all existing partner-led health interventions in countries, and support Member States to facilitate a more efficient alignment of programmes.
- **Member States accountability to their global commitments:**

Urge Member States to enact their global commitments on NCDs, UHC and COVID-19:

1. Recognise PHC as the foundation for UHC and build resilient and sustainable PHC that meets all people's needs across the continuum of care.
2. Ensure the continuation of essential services for the prevention and control of NCDs as part of their national emergency preparedness and recovery plans.
3. Include packages for NCDs prevention and control including universal access to quality and affordable essential medicines and products, an optimised health workforce and strong health information systems as essential components of PHC and UHC.
4. Collect relevant data about NCDs and co-morbidities to develop a data-based prevention and care model.
5. Increase sustainable financing for health, potentially by taking advantage of opportunities that exist through the introduction of excise taxes on harmful products such as tobacco, alcohol and sugar-sweetened beverages, and ensure the efficiency of health investments.

6. Enhance community engagement by involving all relevant population groups, especially the most marginalized and vulnerable.

- **Urge Member States to engage in national monitoring and evaluation:** We encourage Member States to set ambitious targets and strengthen national monitoring and evaluation platforms that track their progress towards the achievement of global health and development goals. We call on WHO to support Member States' accountability with effective and practical monitoring and evaluation tools, while ensuring that data necessary for critical analytical and decision-making processes are available.
- **Ensure efficient and sustainable financing for WHO:** We urge Member States to increase funding for WHO to ensure the continuation of the Regional Office Support and the enhancement of WHO capacity for cross-cutting functions.

Noncommunicable Diseases (NCDs)

Follow-up to the HLMs of the UN general Assembly – Prevention and control of NCDs

The EB146 noted the report [EB146/7](#) which responded to WHA72(11) decision to prepare and update menus of policy options and interventions for Member States and to address the need to prioritise early detection, as well as prevention and treatment of NCDs. The report included a proposed set of evidence-based cost-effective interventions to promote mental health and wellbeing, and next steps towards outlining policy options to reduce the health impact of air pollution. The report also reviewed progress in implementation of the global strategy to reduce harmful use of alcohol in its first decade. An additional report ([EB146/7 Add.1](#)) summarised the results of a consultation on the global alcohol strategy.

Provisional agenda item 13: Framework For The Implementation Of The Global Action Plan On Physical Activity (GAPPA) 2018-2030 in the African Region.

Background:

The mission of the GAPPA is to ensure all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to social, cultural and economic development of all nations.

Member States at the 71st World Health Assembly endorsed [GAPPA 2018–2030](#) and adopted the voluntary global target of a 15% relative reduction in the global prevalence of physical inactivity in adolescents and in adults by 2030.

GAPPA outlines 20 policy actions across four strategic objectives that are universally applicable to all countries. It also provides recommended policy actions for all stakeholders, including civil societies to achieve implementation of the Global Action Plan on Physical Activity 2018-2030.

The document presented to the 70th session of AFRO RCM presents a regional framework to guide Member States to increase and maintain adequate levels of physical activity at all ages to contribute to healthier populations in the African Region. It sets tailored targets, milestones and priority interventions to guide Member States in the planning and implementation of physical activity interventions tailored to their specific needs and socioeconomic contexts.

Civil society are encouraged to showcase examples of political will and government accountability from both the regional and country levels will encourage the replication of proven approaches for the achievement of the targets and milestones set out in GAPP. A.

Key messages:

To accelerate the implementation of the Global Action Plan on Physical Activity (GAPPA) in the AFRO region and boost physical activity, Member States should:

- Ensure GAPPA is comprehensively implemented, applying measures promoting physical activity across life course from early childhood, and across sectors and communities and ensure engagement across stakeholders.
- Increase generation of evidence, capacity building, collaboration, co-investment, commitment, monitoring and reporting to strengthen implementation and success of GAPPA.
- Exercise caution in partnerships and sponsorships to ensure they do not undermine health. Industries with proven history of behaviours that stifle health policies include alcohol, unhealthy food and drink, gambling and fossil fuels.

The COVID-19 pandemic has presented further obstacles for people to live healthy lives and to keep active and take up physical activity as staying at home for prolonged periods of time can pose a significant challenge for remaining physically active.

- Physical activity and relaxation techniques can be valuable tools to help individuals to support mental health, remain calm and continue to protect their health, including during pandemics.
- COVID-19 therefore amplifies the importance of comprehensively and successfully implementing GAPPA.
- Member States should increase population awareness on the negative effects of sedentariness and low levels of physical activity on the health, well-being and quality of life of individuals, and on suggestions to stay active while practicing social distancing.