

NCD Alliance Webinar

Wednesday 7 September 2016



NCD Alliance

PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

Speakers

Moderator:

Katie Dain, NCD Alliance

Speakers:

Priya Kanayson, NCD Alliance

Jess Beagley, NCD Alliance

Joseph Mucumbitsi, East Africa NCD Alliance

Terrell Carter, American Academy of Pediatrics / NCD Child

Cristina Parsons Perez, NCD Alliance

Alena Matzke, NCD Alliance

Agenda

- UN Updates: Preparations for UN General Assembly and Update on SDG Indicator Process
- WHO Regional Committee Meetings
- WHO Global Coordination Mechanism
- EMRO Capacity Development Workshop
- AFRO Civil Society Meeting
- Update on WHO Appendix 3

UN Updates: 71st UN General Assembly and SDG Indicator Process

By Priya Kanayson,
NCD Alliance

71st Session of the UN General Assembly

Overview

- **Theme:** The Sustainable Development Goals: a universal push to transform our world
- **Attendance:** Heads of State, Heads of Government, Ministers, Civil Society, Academia, etc.

Official Schedule

Tuesday 13 September	Opening of 71st Session
Monday 19 September	High-level Summit for Refugees and Migrants
Tuesday 20 September	General Debate of 71st Session opens
Wednesday 21 September	High-level Meeting on Antimicrobial Resistance (AMR)

71st Session of the UN General Assembly

Monday 19 September

- [UN Summit for Refugees and Migrants](#)
- **Program:** Keynote Speakers, Six Roundtables, Plenary Session
- **Outcome:** [Declaration](#) and [signing of cooperation](#) between UN and IOM

Tuesday 20 September

- **Leader's Summit on Refugees**, hosted by President Obama with Canada, Ethiopia, Germany, Jordan, Mexico, and Sweden
- Appeal to governments to pledge significant commitments to refugees

Wednesday 21 September

- [UN High-level Meeting on Antimicrobial Resistance](#) (AMR)
- **Program:** Plenary Session, Two Panel Sessions
- **Outcome:** Agreed resolution emphasizing importance of addressing AMR

NCD Alliance Advocacy Messages





Leveraging Solutions to Improve Access to Healthcare for People Living with NCDs

Tuesday 20 September

6:00 – 7:30pm | followed by reception

Convene Center, 730 Third Avenue

RSVP [here](#)

Objectives:

- To highlight the necessity for integrated and holistic approaches in health policy development to improve access to healthcare for NCDs;
- To explore evidence-based solutions and lessons learnt in the broader UHC context to improve access to NCD prevention, treatment, and care, including in low-resource settings;
- To provide patient perspectives on access to healthcare for NCDs, including the obstacles and barriers to treatment, and stigmatisation and discrimination.

NCD-related Side Events

Sunday 18
September

- **8 – 10AM:** Shaping accountability for success: Achieving the Global Strategy and the SDGs (*RSVP [here](#)*)
- **5:30-7PM:** Youth voices for young lives: How young people and governments are partnering to improve adolescent health

Tuesday 20
September

- **11AM-1PM:** The UN Decade of Action on Nutrition: Working together to Implement the Outcomes of ICN2
- **1:15 – 2:45PM:** Urban Food Systems: The Nutrition Challenge
- **12-2PM:** The Global Strategy: Ensuring Equity for our Adolescents (*Request invitation [here](#)*)

Wednesday
21 September

- **7:30-9:30AM:** Working together across the public and private sectors to address antimicrobial resistance (*Invitation only*)

NCD-related Side Events

Thursday
22
September

- **1:15-2:45PM:** Pathways to Zero Hunger
- **1:15-2:30PM:** Friends of UN Inter-Agency Task Force on NCDs: Supporting Member States to achieve the NCD-related SDG targets
- **3-5PM:** Together for the 2030 Agenda: Partnering for Women, Children and Adolescents to Thrive and Transform the World
- **6-7:30PM:** Multistakeholder collaboration to achieve UHC by 2030

Friday 23
September

- **11AM-1:30PM:** Health in Post-2015 NGO Strategy Meeting

Update on SDG Indicator Process

4th Meeting of Inter-Agency Expert Group SDGs ([IAEG-SDGs](#)), Addis Ababa

- 18 – 19 October: IAEG-SDGs Member meeting
- 20 – 21 October: Plenary Session (all stakeholders invited)

Objectives:

Finalize tier system

Establish
refinement process

Review work plans
for Tier 3 indicators

Discuss options for
indicators w/out
proposed
custodian agency

Review data flows
from national →
regional → global
levels

Discuss best
practices for data
delivery



Q & A



WHO Regional Committee Meetings

Joseph Mucumbitsi, East Africa NCD Alliance
& Jess Beagley, NCD Alliance

WHO Regional Committee Meetings

- Purpose: Forum for Member States to discuss implementation of global decisions and commitments at regional / national levels
- NCD Alliance coordination and priorities:
 - Coordinating representation across members and partners
 - Focus on representation from national and regional NCD Alliances
 - Providing briefings tailored to each region
 - Drafting statements
 - Monitoring outcomes



Dates of WHO Regional Committee Meetings

[AFRO](#): 19-23 August, Addis Ababa, Ethiopia

[SEARO](#): 5-9 September, Colombo, Sri Lanka

[EURO](#): 12-15 September, Copenhagen, Denmark

[PAHO](#): 26-30 September, Washington D.C., USA

[EMRO](#): 3-6 October, Cairo, Egypt

[WPRO](#): 10-14 October, Manila, Philippines

WHO AFRO REGIONAL MEETING

Statement and Advocacy on Behalf of Global and East Africa NCD Alliances

OUTLINE:

- **Adoption of the Regional Oral Health Strategy 2016-2025 for fighting oral diseases in the context of Non Communicable Diseases (NCDs):**
- **WHO Regional Committee for Africa, adopted several priority actions to guide implementation of Sustainable Development Goals (SDGs) in Member States.**
- **Advocacy for WHO AFRO Framework for NCDs to be put on Agenda for 67th RCM in Zimbabwe, Victoria Falls, 28th August to 1st September 2017**

Statement by East Africa NCD Alliance and NCD Alliance: [here](#)

Statement by NCD Alliance and UICC : [here](#)

Statement by FDI World Dental Federation: [here](#)

WHO AFRO REGIONAL MEETING

Statement and Advocacy on Behalf of Global and East Africa NCD Alliances

1. Adoption of the Regional Oral Health Strategy 2016-2025 for fighting oral diseases in the context of Non Communicable Diseases (NCDs):

- Based on principles and measures, in the context of universal health coverage and are intended to improve awareness, leadership and multisectoral approach to reduce or take action on the risk factors.
- Collaboration between countries to develop infrastructure and health worker's capacities was one of the major way to combat oral diseases. They noted the critical role of data to guide planning and funding for oral health services.
- Delegates requested WHO: > to support the Member States to advocate for the oral health to the highest levels and to provide guideline, tools and standards on the prevention and treatment of oral diseases
 - > to mobilize resources and promote investments in oral health by the private sector.

WHO AFRO REGIONAL MEETING

Statement and Advocacy on Behalf of Global and East Africa NCD Alliances

WHO Regional Committee for Africa, adopted several priority actions to guide implementation of Sustainable Development Goals (SDGs) in Member States.

- a report that identified key challenges that hindered the achievement of the health-related Millennium Development Goals (MDGs) in most countries.
- These included fragmentation of interventions; inadequate health financing; weak health systems; unequal access to effective services; weak health security, and weak multi-sectoral responses.
- that Member States should strive to have one national plan, one coordination mechanism, and one Monitoring and Evaluation framework for the implementation of the SDGs agenda.
- delegates emphasized the importance of multi-sectoral actions to address social, environmental and economic determinants of health and to reduce health inequities. This, they added, necessitates having a Health-in-All-Policies approach to development.
- agreed to ensure long-term, predictable and sustainable financing for SDGs and to strengthen primary health care and health systems. They also requested WHO to support Member States to generate and utilize resources for implementation of health-related SDGs and monitoring of progress towards the health targets

Statement and Advocacy on Behalf of Global and East Africa NCD Alliances

- Mr Wonda and myself successfully made the statements, but after the country delegates had finished with questions about the agenda item 16. So, our statement was not followed by any discussion, though I had done some lobbying with Uganda and Rwanda.
- Then the next item was about the draft agenda of the next Regional Committee Meeting, which didn't have the NCD Framework discussion and adoption on it, but had 2 NCD items: Hypertension in AFRO region and Chronic respiratory diseases. Fortunately Uganda Minister of Health intervened and asked to put the NCD framework discussion on the agenda and she was later on seconded by Tanzania, who asked to add specifically road traffic accidents?
- After mult interventions, the chairperson proposed that all the NCD topics be included in the framework discussion and tasked the agenda committee, which meets usually in February 2017, to put together a comprehensive agenda.

Statement and Advocacy on Behalf of Global and East Africa NCD Alliances

- I talked again to Dr Ali Salad today and he said the framework should be on the agenda. We should remain vigilant and lobby with countries member of the agenda committee to make sure it'll be on the agenda? A quick reminder to Dr Moeti about our letter would be also welcome because I talked to her last evening but she was very busy and may not follow it up, though she looks very bright and organized. During the item 16 discussion, nothing really important came out and only 2-3 countries mentioned briefly NCDs.
- During discussion on WHO AFRO budget for 2018-2019, we discovered the NCDs have only 61 Millions \$, and again Uganda asked for it to be increased. The answer of the Finances Director was "Even if we increase our wish budget, we'll never get it funded"....
- Fortunately Dr Moeti has put it more nicely, suggesting to fund NCDs indirectly through increased budget for primary healthcare and prevention activities!
- The next RCM will take place in Zimbabwe, at Victoria Falls probably, from August 28th to September 1st, 2017.

SEARO: 5-9 September, Colombo, Sri Lanka

- NCD Alliance represented by Ms Radhika Shrivastav of Healthy India Alliance, via Alzheimer's Disease International
- Framework Convention Alliance and World Heart Federation also present

Key Agenda Items:

- Progress Report on **NCD prevention and control**
- Resolution on promotion of **physical activity**
- Strategic plan to address **double burden of malnutrition**
- Also Ministerial Roundtables on NCDs, and SDGs & UHC

National NCD Alliance for Sri Lanka **“NCD Alliance Lanka”** launched at a side event on 4th September

EURO: 12-15 September, Copenhagen, Denmark

Union for International Cancer Control, World Heart Federation, World Stroke Organization and World Hospice and Palliative Care Alliance all due to attend.

NCDs in Regional and Global Plans

- NCD Prevention and Control
- Health in Agenda 2030
- Implementation of Health 2020

NCDs Throughout the LifeCourse

- Strategy on women's health and well-being
- Strategy and action plan on healthy ageing
- Framework for action on integrated health services delivery

Additional Issues

- Strategy and action plan for refugee and migrant health in the WHO European Region
- European environment and health process
- WHO reform: progress and implications for the European Region

Q & A



Update

Non -Communicable Disease Global Coordinating Mechanism (NCD- GCM)

Workgroups 3.1 and 3.2

Terrell Carter

Jonathan Klein

American Academy of Pediatrics

NCD Child

September, 2016

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



WHO Global Action Plan for Prevention and Control of NCDs 2013-2020

- **Four diseases**
 - Cardiovascular disease
 - Cancer
 - Chronic pulmonary disease
 - Diabetes
- **Four risk factors**
 - Tobacco use
 - Unhealthy diet
 - Harmful alcohol use
 - Physical inactivity





WHO Global Coordination Mechanism for the Prevention and Control of NCDs

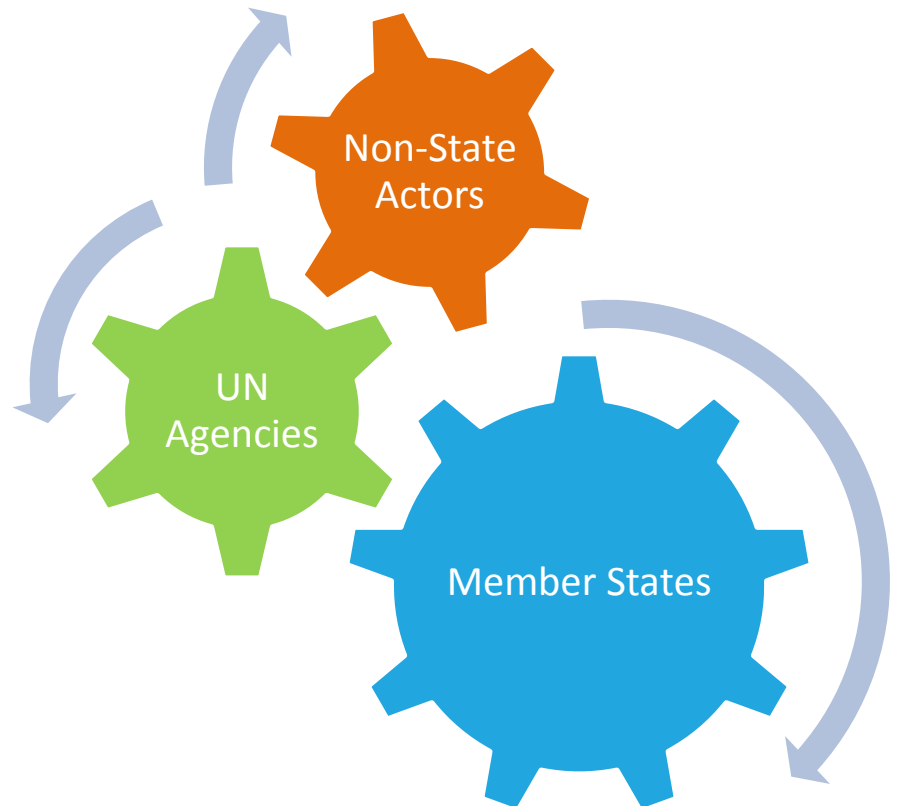
Scope and purpose:

Facilitate and enhance the coordination of activities, **multi-stakeholder engagement and action** across sectors at the local, national, regional and global levels, to contribute to the implementation of the WHO Global NCD Action Plan 2013 – 2020.

WHO Global Coordination Mechanism on NCDs

Five functions:

- Advocating and raising awareness
- Disseminating knowledge and information
- Encouraging innovation and identifying barriers
- Advancing multisectoral action
- Advocating for mobilization of resources



WHO Global Coordination Mechanism on NCDs

Activities:

- Working Groups
- Dialogues
- GCM Portal
- Virtual discussion forums
- Exchange of best practices
- Newsletters
- Webinars
- Communities of Practice
- Global communications campaign



WHO Global Coordination Mechanism on NCDs

Purpose of NCD GCM Working Groups

- Working Groups provide recommendations to the WHO Director-General on ways and means of encouraging countries to realize the commitments made at the 2011 UN General Assembly High-level Meeting on NCDs and the UNGA outcome document 2014
- Working Groups can consult with relevant intergovernmental organizations and non-State actors in their work

WHO GCM/NCD Working Groups

2015-16

- Working Group 3.1 - how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs
- Working Group 5.1 - how to realize governments' commitment to provide financing for NCDs

2016-17

- Working Group 3.1 on the inclusion of NCDs in other programmatic areas
- Working Group 3.2 on alignment of international cooperation with national plans on NCDs

2017 -

- Working Group 3.3 on health education and health literacy for NCDs



WHO GCM/NCD Working Group on the inclusion of NCDs into other program areas

Working Group to recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of the prevention and control of NCDs within responses to HIV/AIDS and programmes for sexual and reproductive health and maternal and child health, as well as other communicable disease programmes, such as those on tuberculosis, including as part of wider efforts to strengthen and orient health systems to address the prevention and control of NCDs through people-centered primary health care and universal health coverage.

Members of Working Group 3.1

1) Co-Chairs from developed and developing country

- H.E. Beatriz Londoño Soto, Ambassador Extraordinary and Plenipotentiary; Permanent Representative to the UNOG of Colombia
- Dr Naoko Yamamoto, Assistant Minister for Global Health, Ministry of Health, Labour and Welfare, Japan

2) Twelve members

- [Dr Mariam AL-JALAHMA](#)
- [Dr Marcia ERAZO](#)
- [Ms Sanne FROST HELT](#)
- [Dr Jonathan KLEIN](#)
- [Dr Frances MCGRATH](#)
- [Dr Dyah Erti MUSTIKAWATI](#)
- [Dr Kibachio Joseph Muiruri MWANGI](#)
- [Professor Moffat J. NYIRENDA](#)
- [Dr Mohammad Bin Yahya SAEEDI](#)
- [Ms Anneli SAMMEL](#)
- [Dr Mohammad SHAUKAT](#)
- [Dr Rosalind VIANZON](#)



WG 3.1 Meeting Schedule 2016 Overview

1st meeting: 4-5 April 2016



- ✓ Review background evidence, identify barriers and opportunities for integration of NCDs and other programmatic areas. Identify additional information needed

2nd meeting: 20-21 June 2016

- Hearing with stakeholders and experts, including non-State actors
- Discussion and definition on draft recommendations



- ✓ Publish interim report with draft recommendations for public comments

3rd meeting: 26-27 September 2016

- Discussion on and definition of draft final report and recommendations
- Adoption of the report and submission to the WHO DG

4th meeting : virtually if required

Stakeholders Hearing at 2nd Meeting WG 3.1

1st Session on integration of NCDs into PHC and UHC

WHO Services Organization and Clinical Interventions

IFRC

IFPMA, presenting on Healthy Heart Africa

UNRWA

WHO Health Workforce

2nd Session on integration of NCDs into HIV

WHO HIV Treatment and Care

UNAIDS

UNITAID

3rd Session on integration of NCDs into TB

WHO Global TB Programme/Policy, Strategy and Innovations

Stop TB Partnership

Global Fund to fight AIDS, Tuberculosis and Malaria

4th Session on integration of NCDs into MCH

WHO Maternal, Newborn, Child and Adolescent Health

UNICEF

NCD Child

EGPAF

5th Session on integration of NCDs into SRH

WHO Reproductive Health and Research

Action Canada for Sexual Health & Rights



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4th meeting : virtually if required

Workgroup 3.1 Interim Report

Public (web) consultation

- **Final report will include recommendations, and also context, background, inputs from stakeholder hearings, and from the web-consultation**
- **The main purpose of the web-based consultation is to seek guidance on the draft recommendations**
- **NCD GCM also seeks guidance on**
 - **how to make the recommendations most useful**
 - **the overarching principle**
 - **country cases, best practices, and evidence on integration efforts that have worked (or not) and why**

Workgroup 3.1 Interim Report

Concept of Integration

- **Defines Integration – people centered (population based) health services (WHA May 2016)**
- **Notes integration requires resources, including people**
- **Ideally integration of care is complimentary to vertical or categorical single condition systems**
- **Downstream AND Upstream integration needed – systems, funding and oversight AND point of care interventions that recognize shared risk factors, comorbidities and benefits of common management for efficiency and optimization of resources/impact**

Workgroup 3.1 Interim Report

Overarching Principles 1

- **National NCD responses should focus on people, families and communities with a life-course approach and population-based health care delivery strategies.**
 - **Patients, families and communities should be meaningfully engaged**
 - **National NCD responses should reflect best practices, emerging evidence and perspectives of key stakeholders**
 - **Health care systems should prioritize disease prevention and health promotion**
- **Strong and sustained high-level political commitment (needed) to drive cross-sectoral integrated NCD-specific and sector-wide approaches.**
 - **Reverse the focus from institutions and diseases to people, based on well-defined population needs**
 - **Promote whole-of-government & whole-of-society responses**

Workgroup 3.1 Interim Report

Overarching Principles 2

- **Implement responses for the prevention and control of NCDs based on human rights and equity based approaches, and poverty-reduction strategies.**
 - **Focus on vulnerable populations and patients with multiple chronic diseases, comorbidities**
 - **Principles and approaches are relevant for all countries**
- **Involvement/engagement/empowerment of civil society is essential in formulating and implementing policy decisions.**

Workgroup 3.1 Interim Report Recommendations - 1

- 1. All programme and health system funding, management and service delivery should support integrated people-centered health care and population-based health strategies**
- 2. Policy makers require context-specific evidence, best practices and business cases for effective integration in order to ensure prioritization and integration of NCDs and other program areas in national health strategies**
- 3. Governments require focused support from international development partners and intergovernmental organizations for effectively implementing the integration of the prevention and control of NCDs with other programme areas, in line with national priorities.**

Workgroup 3.1 Interim Report Recommendations - 2

- 4. Enhanced government commitment is required for building adequate and sustainable health workforce to manage and integrate NCDs.**
- 5. Governments need to ensure the promotion, development and implementation of High-level Multi-sectoral Mechanism/ Commission on NCDs with clear leadership from the health sector**
- 6. Governments need to ensure that quality NCD services are incorporated and integrated in primary health care and that quality and timely referral systems are functional**

Workgroup 3.1 Interim Report Recommendations - 3

- 7. Integration of the prevention and control of NCD at service delivery level should be comprehensive/horizontal, but may require starting from the successes of integrating with vertical programs (such as HIV, TB, MCH, SRH).**
- 8. Effective integration of NCDs with other programme areas requires the optimal and efficient use of existing or available human resources, in particular through “task-shifting or task sharing”, complemented by adequate resources, supervision and oversight and incentives.**
- 9. Governments should invest in research and implementation of innovative technologies, including eHealth and m-Health, to support integration, scale-up and outreach of NCD strategies and programs**

Workgroup 3.1 Interim Report

Additional Sections

- **Table 4.1 - Ten key principles for successful health systems integration**
- **Table 4.2 - Potential efficiency gains from integration**
- **Table 4.3 - Potential challenges for integration of NCDs and possible actions to overcome them**
- **“Log Frame” tool for mapping entry points and for planning and assessment of integration across program areas and within primary care and universal health care (see next slide)**

Matrix

		Where to integrate							
		HIV	TB	MCH	SRH	PHC	UHC
Upstream/Vertical	Governance								
	Policy								
	Planning								
	Information systems								
	Financing, Budgeting and Incentives								
	Supervision								
	Workforce								
	Training								
	Incentives								
	Supply chain/ Meds/Tech								
	Admin/Backroom								
	Monitoring & Evaluation & Oversight								
	Partnerships								
	Donor Funding								
...									
Downstream/ Horizontal	Prevention 1/2/3 o Primordial prevention								
	Screening								
	Diagnosis								
	Health promotion								
	Enrolling to care								
	Pharmacy								
	Ambulatory care								
	Acute care								
	Palliative care								
	Home care								
	...								

Level of Care/ Service Delivery	Community								
	Primary								
	Secondary								
	Tertiary								
	...								

Interventions	International Policies								
	Legislation/Structural								
	Community-based								
	School-based								
	Work-based								
	Family-based								
	Individual focused								
	Health care interventions								
	...								

Other considerations

- Government/private/third sector providers?
- How to prioritize the basic basket of services on offer
- Gender
- Human rights
- Access for vulnerable groups
- Civil society capacity building

Workgroup 3.1 Interim Report

- **Comments due to GCM by September 16th**
 - **Good parts to keep, emphasize – not just critiques**
- **Comments also invited on WG 3.2 – on the alignment of international cooperation on NCDs with national NCD plans (will NOT review in detail but will include slides FYI)**
- **NCD Child/AAP global comment – both reports could use more specific mention of children and youth as special (vulnerable) populations with opportunities to benefit from integration and population health/UHC, thus changing life trajectories and strengthening communities and families**



WHO GCM/NCD Working Group 3.2 on the alignment of international cooperation with national plans on NCDs

Working Group to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on NCDs with national plans concerning NCDs in order to strengthen aid effectiveness and the development impact of external resources in support of NCDs.

Similar timeline and events for WG 3.1

Members of the Working Group

- 1) Two co-chairs representing developed and developing countries.
 - H.E. Ambassador Taonga Mushayavanhu, Permanent Representative to the UNOG, Zimbabwe
 - Mr Kjetil Aasland, Minister Counsellor for Health, Permanent Mission of Norway to the UNOG

- 2) Twelve members, two from each WHO region

[Dr Randah HAMADEH](#)

[Dr Mary AMUYUNZU-NYAMONGO](#)

[Dr Nino BERDZULI](#)

[Dr Eduardo JARAMILLO NAVARRETE](#)

[Dr Guna Raj LOHANI](#)

[Professor Deborah MALTA](#)

[Professor Eva MARTOS](#)

[Professor Mohammad Reza MASJEDI](#)

[Dr Omar Bin MIHAT](#)

[Dr Supattra SRIVANICHAKORN](#)

[Mr Lesley-Charles USURUA](#)

[Professor Wen-Qiang WEI](#)

WG 3.2 Stakeholder Hearing

Participating Organizations

Permanent Mission of France to the United Nations	Harvard Medical School
World Health Organization	IHP+
Swiss Agency for Development and Cooperation	World Medical Association
The NCD Alliance	IFPMA
GAVI	Global Fund
Swiss Agency for International Development	Norwegian Agency for Development and Cooperation

Workgroup 3.2 Interim Report

Recommendations - 1

- 1. Governments should establish platforms for community engagement, and multistakeholder and multisectoral collaboration.**
- 2. Coordinate with development agencies under country leadership and strengthen countries' capabilities to plan and implement national multisectoral integrated NCD Plans.**
- 3. Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control.**
- 4. Governments need to put in place an international cooperation framework to mobilize resources for NCDs as part of the Sustainable Development Agenda.**

Workgroup 3.2 Interim Report Recommendations - 2

- 5. Governments should promote policy coherence and align NCD actions at the national, regional and global levels.**
- 6. Develop adequate national surveillance, research, monitoring and evaluation capacities to provide evidence for advocacy, political commitment and resource mobilization.**
- 7. Build partnerships to overcome technical barriers and enhance the sharing of knowledge and experience.**
- 8. Invest in advocacy, communication and awareness building.**

Thank you

Q&A

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EMR Capacity development workshop



Cristina Parsons Perez,
NCD Alliance

EMR Capacity Development Workshop

- Following from [EMR Civil Society regional meeting in Cairo, September 2015](#)

- Need for regional coordination
- Civil society capacity building
- Sharing good practice
- Improving advocacy skills



REGIONAL MEETING ON STRENGTHENING NCD CIVIL
SOCIETY ORGANISATIONS, WHO EMRO
Cairo, 1-2 September 2015

Background Paper

Mapping of NCD Civil Society Organisations in
the WHO Eastern Mediterranean Region



EMR Capacity Development Workshop

WHO EMRO/NCDA capacity development workshop,
15th-16th August 2015, Amman Jordan

- To increase the ability of EMR NCD civil society to build effective NCD alliances and to engage in effective NCD advocacy.
- To develop concrete mechanisms for increased civil society collaboration and coordination across EMR, including through regional and/or sub-regional NCD alliances.
- To support national and regional advocacy planning.

EMR Capacity Development Workshop

- 28 participants from 10 countries
- *Building an effective NCD Alliance*
- *Strategic Advocacy Planning*
- *Enhancing regional coordination*
- *Pre-dialogue caucus on contributions of civil society as part of Agenda 2030*



EMR Capacity Development Workshop

Outcomes:

- *Regional NCD alliance being discussed*
- *Jordan NCD Alliance*
- *Pre-dialogue report to feed into Global Dialogue taking place in Mauritius on 19-21st October on role of non state actors*
- *Handbook of EMR civil society case studies in NCD prevention and control*



WHO AFRO/NCD Alliance Regional CSO consultation



Cristina Parsons Perez,
NCD Alliance

AFR Civil Society Consultation

- *WHO AFRO/NCD Alliance Regional CSO Consultation*
- *17-18th October, Mauritius*
- *Approx 50 participants*
- *Attendance by invitation only*
- *Global Dialogue on the Roles of Non State Actors in Supporting NCD Prevention and Control as part of Agenda 2030 from 19th-21st October, Mauritius*

AFR Civil Society Consultation

Objectives

- Profile NCD Civil Society Action in AFR
- Catalyze the establishment of a Regional CSOs' Network for the prevention and control of NCDs.
- To review and provide input into the draft WHO AFRO Regional framework for the prevention and control of NCDs.
- To foster effective collaboration among CSOs in the Region and WHO in order to accelerate implementation of the AFRO regional NCD framework and joint efforts to integrate NCDs into national development plans.

AFR Civil Society Consultation

Mapping exercise:

- Snapshot of NCD civil society in AFR, including main areas of action, challenges, gaps, capacity needs and opportunities.
- Survey + interviews

Q & A



Update to Appendix 3 of WHO Global NCD Action Plan

Alena Matzke,
NCD Alliance

Update to WHO GAP Appendix 3

What is Appendix 3?

- Menu of “very-cost-effective and affordable” and other cost-effective interventions to support implementation of 6 GAP obj.

Why update Appendix 3?

- New evidence of cost-effectiveness / new WHO recommendations since adoption of GAP 2013-2020 and refine existing interventions

Timeline:

- Expert consultations in 2015 and 2016
- Member States and stakeholder consultation in August 2016
- Adoption at WHA 70 through Executive Board in January 2017
- Future updates as part of development of subsequent global NCD

Update to WHO GAP Appendix 3

METHODOLOGY endorsed at WHA 69

How interventions were identified for consideration:

Minimum criteria for an intervention to be considered have been set

All interventions on the current Appendix will be re-analysed

WHO technical units were asked to specify any additional interventions, for which new guidance has emerged

WHO expert meetings on NCD risk factors and management in 2015 were invited to submit any additional interventions, using a template provided by the secretariat.

Interventions analysed according to:

Cost effectiveness using WHO CHOICE method (\$I/DALY averted)

Size of health gain (total DALY averted in a population of 1 million)

Budget implication (total \$I in millions required to implement in a population of 1 million)

Implementation considerations (qualitative analysis to consider feasibility, equity etc)

Update to WHO GAP Appendix 3

What has changed?

- **No changes** in objectives 1, 2, 5 and 6
- **Objectives 3 (risk factors) and 4 (health systems) now comprise 88 interventions** and overarching/enabling actions (up from 66)
- **Added “non-financial considerations”**
- **Disaggregation of unhealthy diet and physical inactivity** interventions, several additions to unhealthy diet section
- New interventions added across obj. 4 including addition of **basic palliative care package for cancer**
- Addition of technical appendix and proposal of **interactive web-tool** to provide nationally adapted information

Update to WHO GAP Appendix 3

NCD Alliance submission

- Welcome **breadth of new additions**, separation of non-specific interventions and addition of non-financial considerations
- Support proposal for interactive web-tool and recommend this tool include specific **calls for research** in key areas to address current gaps in cost-effectiveness data
- Recommend **expansion of scope** of Appendix 3 beyond four main NCDs
- Would like to see **greater emphasis on limitation of cost-effectiveness** analysis / need to take into account additional parameters when prioritising interventions
- Current model fails to account need for **health systems investments** essential to underpin list of proposed interventions

Detailed submission [here](#).

Q & A



Thank you!

Please visit our website:

www.ncdalliance.org

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

