

The NCD Alliance

Putting non-communicable diseases
on the global agenda

NCD Alliance Consultation Report

UN High-Level Review on NCDs

June 2014



NCD Alliance Consultation Report: UN High-Level Review on NCDs

Background

The UN High-level Meeting on NCDs in 2011 and the adoption of the UN Political Declaration placed NCDs on the global health and development agenda, and committed Member States to a set of actions to accelerate the NCD response. This year, the UN General Assembly is mandated to hold a comprehensive review and assessment of the progress made on NCDs since 2011.

The 2014 UN NCD Review is a significant opportunity to take stock of progress, share successes and lessons learnt, identify challenges and opportunities, provide recommendations, make time-bound commitments, and improve accountability to continue our collective action in the NCD response beyond 2014.

At the end of May 2014, the NCD Alliance launched an online consultation for our network in preparation for the UN Review. The purpose of this consultation was to assess civil society perceptions of progress made since 2011, and to identify priorities on the outcomes of the UN Review in July.

Methodology

The consultation was conducted by means of an online survey, which was distributed to individuals and organisations in the NCD Alliance network. The consultation was accessible for a short period, due to the fast-moving UN processes. It was open for 1 week, from 30 May - 8 June 2014.

The survey was split into four sections, covering general information on respondents and attendance at the UN Review and Civil Society Hearing; progress made since adoption of the 2011 UN Political Declaration; the role of civil society in the NCD response and lessons learnt; and priority outcomes for the UN Review. Both multiple choice and open questions were included, with space for additional comments.

67 usable responses were received. All respondents answered the first section of the survey, 54 completed the second section, 53 completed the third section, and 50 answered the fourth and final section (except for the final question for which only 46 responses were received).

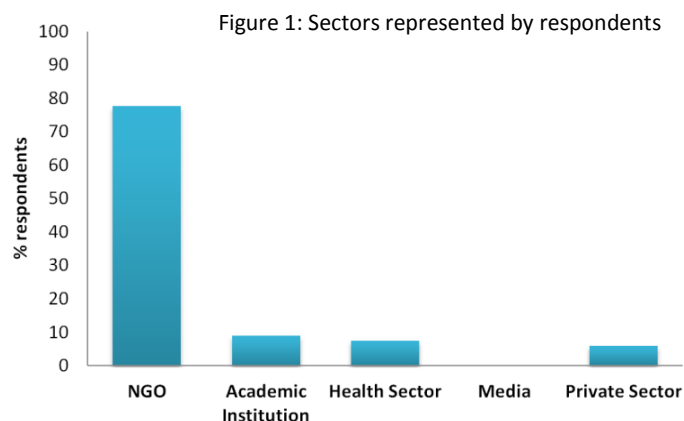
Main findings

The online consultation prompted responses from respondents representing a range of sectors, from NGOs, academia, and the private sector. All WHO regions were represented. The responses provided a comprehensive overview of the current global landscape of the NCD response, including lessons learnt, barriers and challenges, and priorities moving forward.

- **Overview of progress since 2011:** Responses indicate that while NCDs are beginning to receive the necessary recognition at the global level, this is not yet translated into implementation and action at national and community levels.
- **Barriers to progress at the national level:** The top barriers identified were weak capacity to operationalise a whole-of-government and whole-of-society approach to NCDs, shortage of multilateral, bilateral and domestic resources for NCDs, and weak capacity of countries to respond to the NCD epidemic. Notably a lack of consensus of “what works” in NCD prevention and control was seen as posing the least significant barrier to progress.
- **Priorities for future action:** Overall, the most frequently mentioned priorities were mobilisation of resources, clear targets for action, and recognition of NCDs as a priority in the post-2015 development agenda.

Profile of respondents

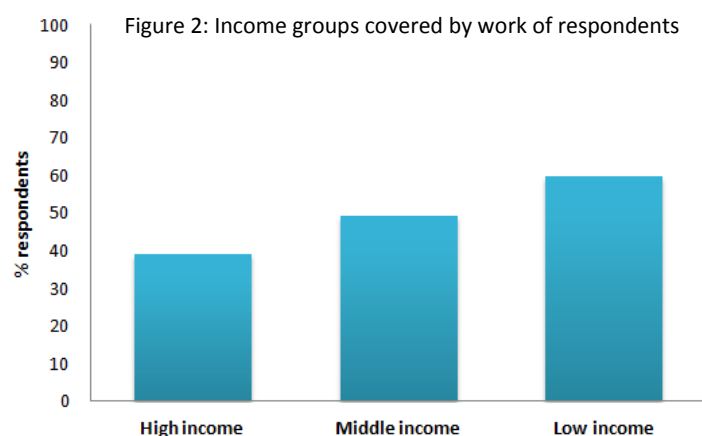
Organisational information and attendance at UN Review and Civil Society Hearing



The vast majority of respondents were NGOs, totalling 78% of respondents (n=52). 9% (n=6) were from academic institutions, 7% (n=5) were from the health sector, and 6% (n=4) were from the private sector.

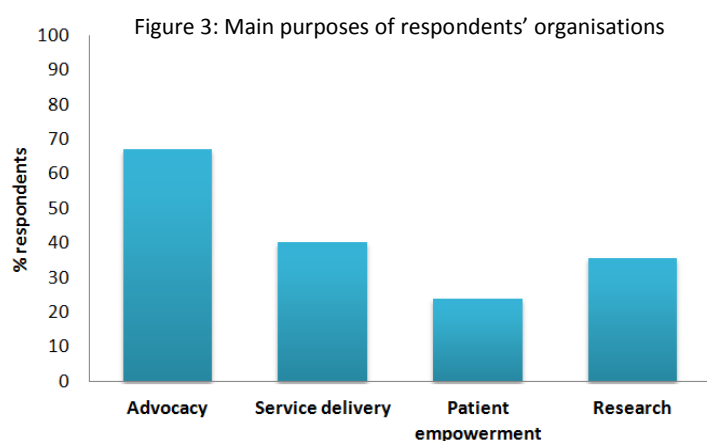
27% (n=18) of organisations were ECOSOC accredited. 36% (n=24) planned to attend the Civil Society Hearing on 19 June, and 45% (n=30) planned to attend the UN Review on 10-11 July.

Geographic and economic distribution of respondents



Respondents spanned the six WHO regions, with 15% (n=10) specifying that their organisation has a global reach. 39% (n=26) carried out work in high-income countries, 49% (n=33) in middle-income countries, and 60% (n=40) in low-income countries.

Main purpose and focus areas of respondents' organisations

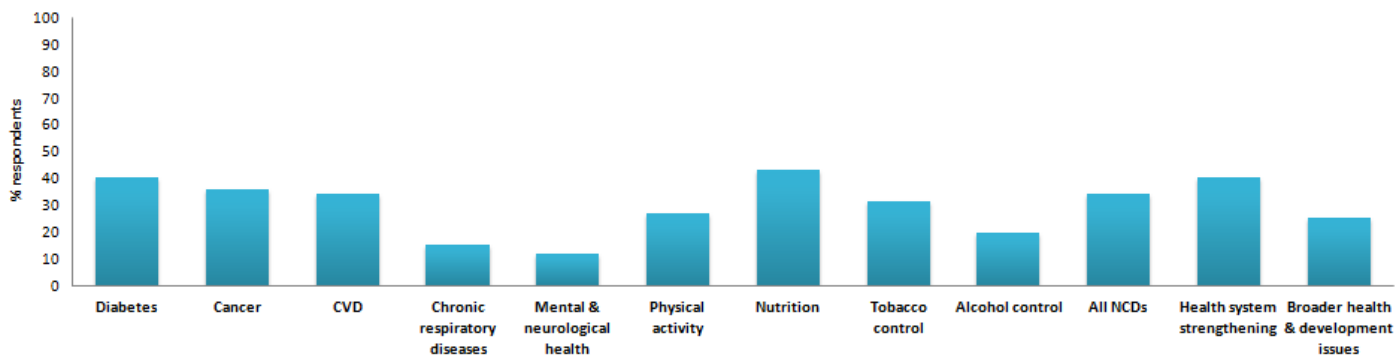


67% of respondents (n=45) cited advocacy as a main purpose of their organisation. 40% (n=27) were occupied with service delivery, 36% (n=24) with research, and 24% (n=16) with patient empowerment.

With regard to specific health areas, respondents worked across all five of the NCDs, although there was less of a focus on chronic respiratory diseases such as COPD and asthma (15%; n=10), and mental and neurological disorders (12%; n=8), compared to diabetes (40%; n=27), cancer (36%; n=24), and cardiovascular disease (34%; n=23). In addition, 34% (n=23) reported working across all NCDs.

A similar proportion of organisations worked on risk factors compared to those working on specific diseases, indicative of a strong focus on prevention. Nutrition was the most commonly addressed risk factor, as a focus area for 43% of respondents (n=29), followed by tobacco control (31%; n=21), physical activity (27%; n=18) and alcohol control (19%; n=13). In addition, 40% of respondents (n=27) worked on health system strengthening and 25% (n=17) on broader health and development issues.

Figure 4: Focus areas of respondents' organisations



Organisations were also reported to cover other conditions, including neuromuscular diseases, disabilities in general, and oral health. Work on palliative care and rehabilitation were specific examples of health systems strengthening.

Membership to a NCD Alliance federation or national alliance

36% of respondents (n=24) were members of an NCD Alliance federation (International Diabetes Federation, Union for International Cancer Control, World Heart Federation, International Union against Tuberculosis and Lung Disease, Alzheimer’s Disease International, and Management Sciences for Health). 43% (n=29) represented an organisation which was a member of a national NCD Alliance, and 30% (n=20) were members of a regional NCD Alliance.

Taking stock: Progress since adoption of the 2011 UN Political Declaration on NCDs

The overarching theme of the upcoming UN High-Level Review on NCDs is to “take stock of the progress made in implementing the Political Declaration, identify and address gaps, and reaffirm the political commitment in response to the challenge of NCDs”.

The recent UN Secretary General’s Progress Report on NCDs states that since 2011, “progress has been insufficient and highly uneven...and bolder measures are urgently needed to accelerate efforts to address non-communicable diseases and mitigate their impacts”.

This section of the consultation aimed to provide an overview of progress made in the NCD response since 2011. Feedback was gathered on aspects of progress at the global, regional, national and community levels; perception of assignments in the Global NCD Framework; specified roles of both NGOs and the private sector; top successes; and barriers to action.

General progress on NCDs since 2011

Respondents were asked to describe the extent to which they agreed with statements made in the NCD response since 2011, on a scale of ‘strongly agree, agree, neutral, disagree, strongly disagree’.

- Significant progress has been made at the global level on NCDs
- NCDs are now recognised as a priority for health and human development at global/national levels
- International cooperation on NCDs has been scaled up since 2011
- Regional cooperation on NCDs has been scaled up since 2011
- Progress at the national level on NCDs has been insufficient and highly uneven
- Progress at the community level on NCDs has been insufficient

Responses to the statement that **significant progress has been made at the global level on NCDs** were evenly spread, with 43% (n=23) in agreement or strong agreement, and 35% (n=19) in disagreement or strong disagreement. The majority of respondents believed that NCDs are now recognised as a priority health and development issue: 67% of respondents (n=36) agreed or strongly agreed, while just 17% (n=9) disagreed or strongly disagreed.

Half of respondents agreed or strongly agreed that **international and regional cooperation has been scaled up since 2011**; 52% (n=28), and 50% (n=27) respectively. 28% (n=15) disagreed or strongly disagreed with the statement on international cooperation, and 24% (n=13) disagreed or strongly disagreed that regional cooperation had been scaled up.

An overwhelming 87% (n=47) agreed or strongly agreed that **progress at the national level on NCDs has been insufficient and highly uneven**. 85% (n=46) agreed or strongly agreed that **progress at the community level on NCDs has been insufficient**, with more than half of total respondents (52%; n=28) in strong agreement.

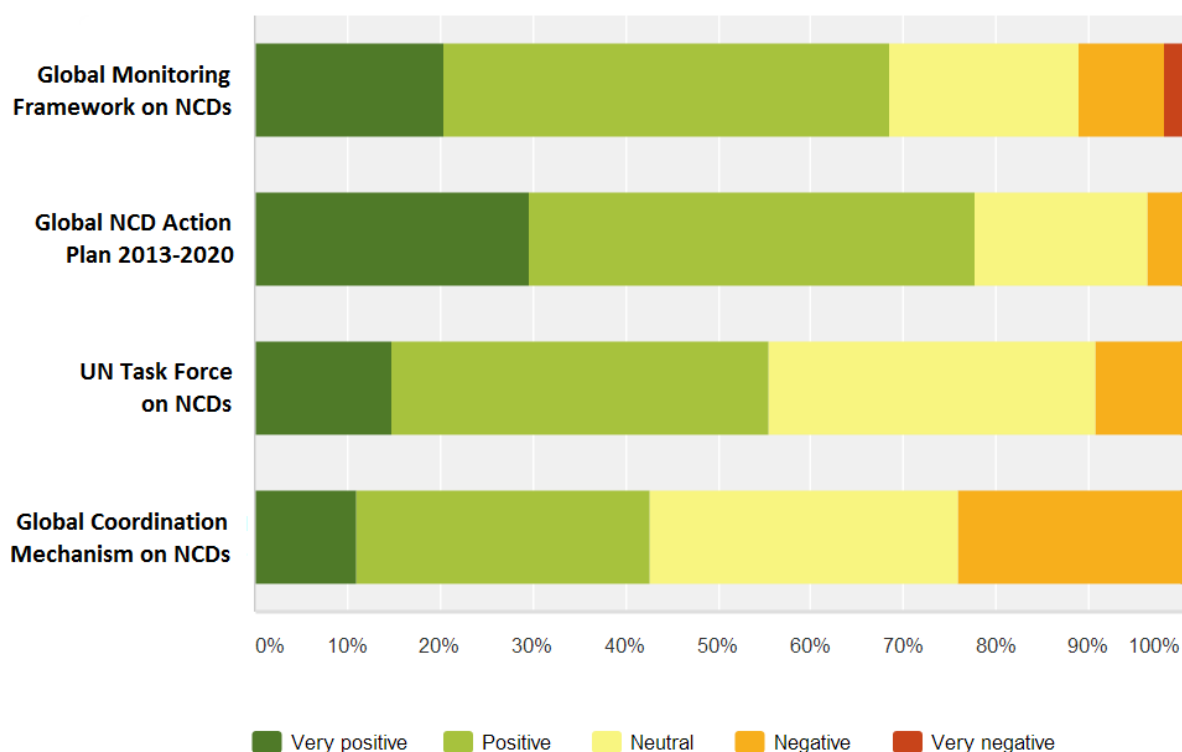
Overall, responses indicate that while NCDs are beginning to receive the necessary recognition at the global level, this is not yet evidenced by implementation and results at national and community levels.

Perceptions of WHO-led assignments to establish the “Global NCD Framework”

Since 2011, WHO has led consultations to define four global assignments in the NCD response, namely, the Global Monitoring Framework on NCDs, the Global NCD Action Plan 2013-2020, a UN Task Force on NCDs, and the Global Coordination Mechanism on NCDs. The NCD Alliance has maintained that these four are building blocks of the Global NCD Framework.

Overall, the **Global NCD Action Plan** was the most positively received assignment, with 78% of respondents (n=42) viewing it positively or very positively. The **Global Monitoring Framework** was viewed positively by the majority of respondents, with 69% (n=37) responding with ‘positive’ or ‘very positive’. The **UN Task Force on NCDs** was also seen as positive or very positive by more than half of respondents (56%; n=30). The **Global Coordination Mechanism (GCM)** was viewed negatively by the greatest number of respondents (24%; n=13) of the four assignments.

Figure 5: Perceptions of WHO-led assignments



In further comments by respondents, a key issue highlighted across all WHO global assignments, and in particular with regard to the GCM, was the need for enhanced multisectoral collaboration and engagement. Comments from respondents included the following:

“The role for civil society and private sector actors needs to be far more structured and inclusive across plans - key targets require private sector partnership”

“It takes all parties to arrive at the best and most expedient solution”

“The GCM needs to create communication channels with civil society, through active participation”

It was noted by a number of respondents that more needs to be done to translate these global policy frameworks and mechanisms into action on the ground. Respondents made comments including:

“The documents and information generated are excellent but the uptake and integration into policy and service delivery is low”

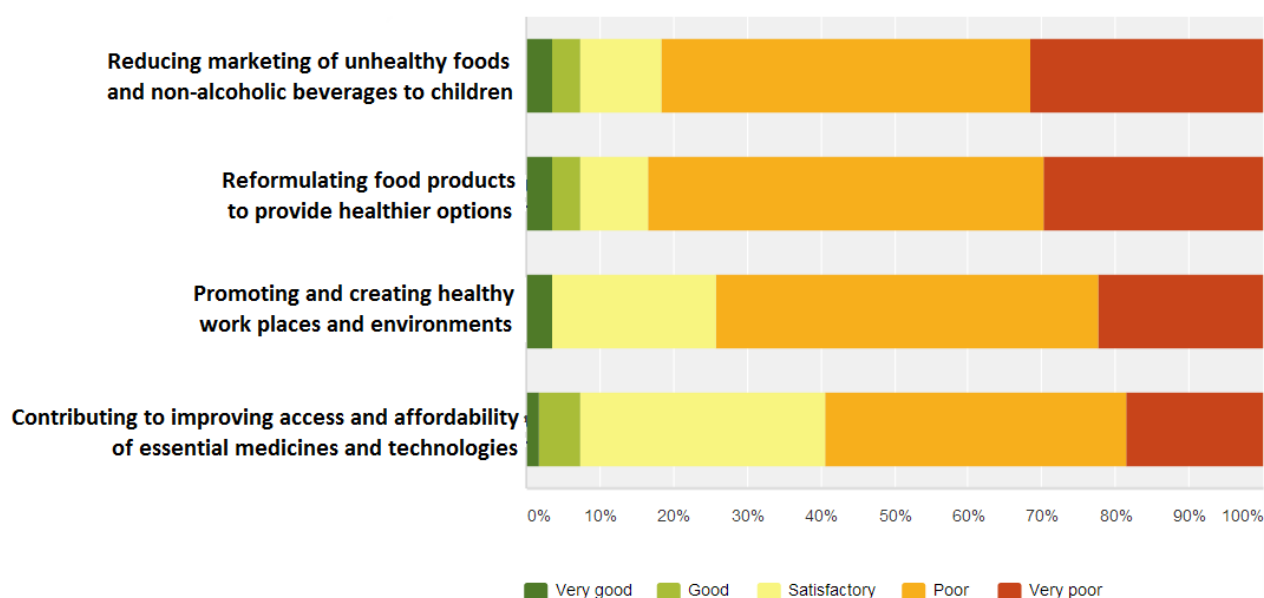
“More work is needed to translate these into practical, actionable guidance for countries and NGOs”

Progress made by the private sector since 2011

Respondents were asked to rate progress made by the private sector in four areas identified in the UN Political Declaration on NCDs, relating to marketing of unhealthy products to children, reformulation of food products to provide healthier options, work towards creating healthy work places and environments, and access to essential medicines and technologies.

Progress was perceived as being less than satisfactory by more than half of respondents in all four of these areas. 81% (n=44) believed that progress in **reducing marketing of unhealthy foods and non-alcoholic beverages to children** had been poor or very poor, and 83% (n=45) replied that progress on **reformulating food products to provide healthier options** had been either poor or very poor. Progress in the remaining two areas was better perceived, but nonetheless, respondents described progress as poor or very poor in 74% of cases (n=40) for **promoting and creating healthy work places and environments**, and in 59% of cases (n=32) for **contributions to improving access and affordability of essential medicines and technologies**.

Figure 6: Progress made by private sector in areas outlined in UN Political Declaration



Additional comments to this question asserted the need for concrete action:

“Translating vision into action is the need of the day”

“There have been ‘discussions’, but actions speak louder than words”

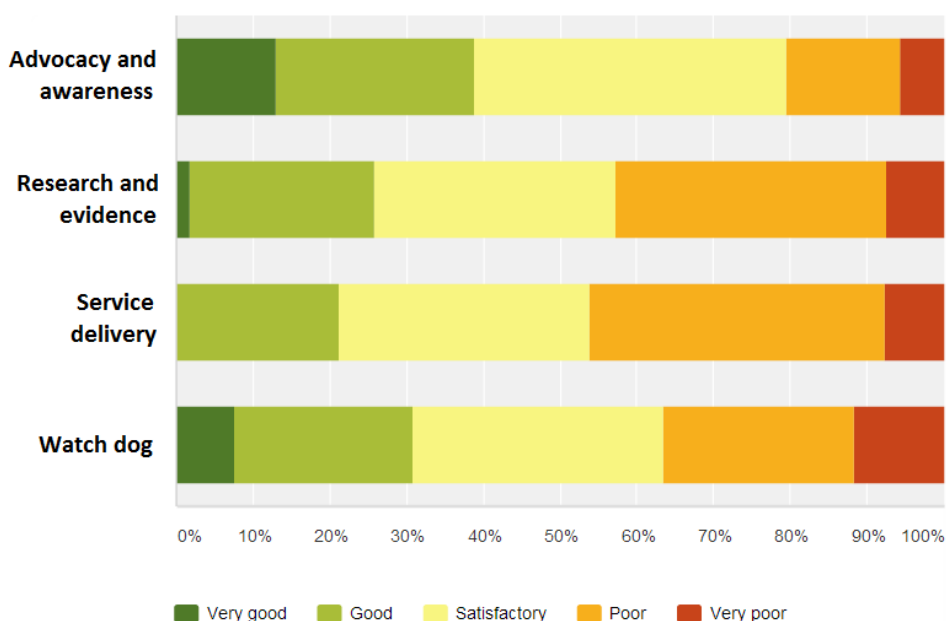
Additionally, respondents reiterated the importance of multisectoral collaboration for NCD prevention and control. With regard to creating healthy environments, smoke free policies were referenced by two respondents.

Progress made by NGOs since 2011

The 2011 UN Political Declaration clearly referenced the importance of NGOs in the NCD response. Drawing upon extensive experience and literature on the role of NGOs in the NCD response and global health, this question gathered information on achievements of NGOs in the areas of advocacy and awareness, research and evidence, service delivery, and accountability and “watch dog” role.

Respondents rated NGOs’ achievements most positively in **advocacy and raising awareness**, with 39% (n=21) ranking progress as being good or very good. With regard to accountability or “**watch dog**” role of NGOs, progress made was deemed to be satisfactory or better by 63% of respondents (n=33). Progress in **research and evidence**, and in **service delivery** was commended to a lesser extent, but still rated as ‘satisfactory’ or above by more than half of respondents in both cases; 57% (n=31) and 54% (n=28) respectively.

Figure 7: Progress made by NGOs in the NCD response



There is undoubtedly space for improvement by NGOs in all of these areas. However, this will require capacity building of NGOs and alliances, particularly in low- and middle-income countries. This was emphasised in the additional comments for this question:

“NGOs still lack sufficient access, funding, and expertise to effectively advocate within the UN System and within most countries”

“There is a tremendous opportunity for constructive engagement with and through NGOs that has been only partially cultivate”

One respondent noted there was variation in progress around the world and that more structured action is required. At a country level, one respondent suggested that NGOs with similar goals could be encouraged to unite:

“Responsible approaches, grounded in fact, science and knowledge, and building on the reach and potential for positive influence of NGOs should be sought out and encouraged”

Key successes in the NCD response since 2011

Respondents were asked to list what they considered to be the top 3 successes in the NCD response since 2011. The top 3 most commonly referenced themes are summarised below:

1. Increased advocacy and awareness:

Increased levels of advocacy and awareness was described by 70% of respondents (n=38). This was reported to be both at the global and national levels, and with regard to both governments and members of the public. Comments included *“increased global focus on NCDs, which has resulted in increased national focus...”*, *“...a firm platform for advocacy to governments”*, and *“innovative public awareness campaigns”*.

2. Political recognition and commitment:

67% of respondents (n=36) noted high-level political commitment as evidence of success. Moreover, 33% (n=18) noted the global political response as the top success. Specifically, some expressed that achievements such as the UN High-Level Meeting on NCDs and the UN Political Declaration successfully *“placed NCDs higher on the political agenda”*, *“increased discussions among high level officials to determine what can be done”* and increased *“likelihood of inclusion of NCDs in the post-2015 SDGs”*.

3. Monitoring and evaluation:

Reference to monitoring and evaluation was made by 37% of respondents (n=20). These comments spanned the Global Monitoring Framework, data collection, and using evidence as a means to hold governments to account. For example, comments included, *“establishment of Global Monitoring Framework on NCDs”*, and *“availability of data on certain NCDs”*.

Barriers to progress on NCDs at the national level

Respondents were asked to rank the extent to which a list of factors presented barriers to accelerating action on NCDs at the national level. Responses to this question demonstrate the number and complexity of barriers to advancing the NCD response at the national level. The most significant barriers were as follows:

94% of respondents (n=51) in agreement or strong agreement:

- Weak capacity to operationalise a whole-of-government and whole-of-society approach to NCDs

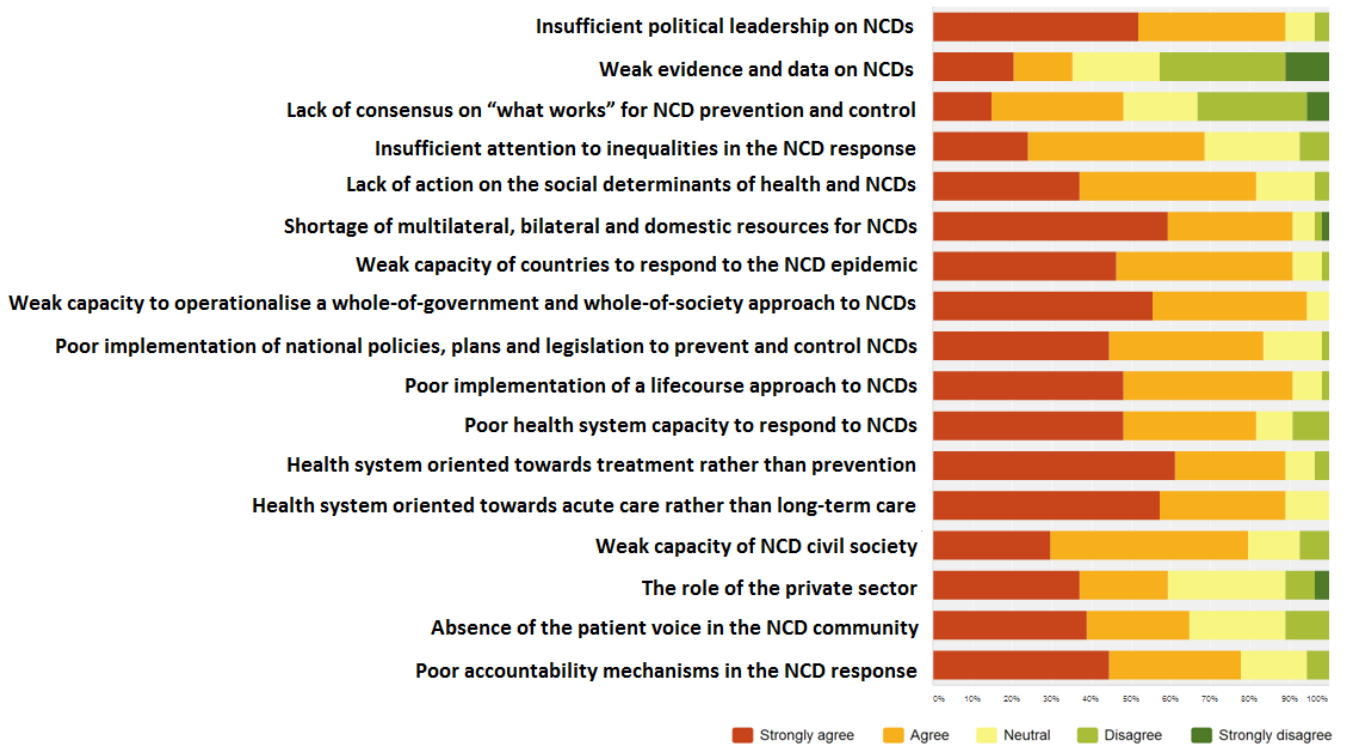
91% of respondents (n=49) in agreement or strong agreement:

- Shortage of multilateral, bilateral and domestic resources for NCDs
- Weak capacity of countries to respond to the NCD epidemic
- Poor implementation of a lifecourse approach to NCDs

89% of respondents (n=48) in agreement or strong agreement:

- Insufficient political leadership on NCDs
- Health system oriented towards treatment rather than prevention
- Health system oriented towards acute care rather than long-term care

Figure 8: Barriers to progress at the national level



Other barriers identified in additional comments included weak collaboration between governments and NGOs, and a lack of multisectoral engagement and coordination. An absence of NCD “champions” was also described. Other points made were added importance of NCD prevention in the current period of economic growth and development, and of translation of available knowledge into action.

It is also noteworthy that weak evidence and data on NCDs, and a lack of consensus of “what works” in NCD prevention and control, were seen as posing the least significant barriers to progress, with respondents disagreeing or strongly disagreeing in 43% (n=23) and 33% (n=18) of cases respectively.

Lessons learnt: Identifying solutions, good practice and innovations

The aim of this section of the consultation was to identify areas of good practice, scalable solutions and innovations at global, regional and national levels for the prevention and control of NCDs, specifically regarding the contributions and successes of civil society.

The specific contribution of civil society in the NCD response

Respondents were asked what they considered to be the specific contributions of civil society in NCD prevention and control, and how these can be harnessed most effectively.

The role of civil society in advocacy and raising awareness was mentioned by 38% (n=20), with some particularly referencing *“advocacy and expertise”, “education at all levels”, and “priority setting”*. Some responses mentioned the role of civil society as a *“watch dog”*. Those respondents described the role as *“monitoring / watchdog role, holding stakeholder to account, challenging market power and bias”* and *“advocating for strong policies and practice and hold governments accountable for action”*. Additionally, 13% (n=7) of respondents stated the importance of collaboration with civil society, 11% (n=6) mentioned high level policy progress and 6% (n=3) referenced resource mobilisation.

Lessons learnt from addressing health and development challenges

When asked what lessons had been learnt from civil society and previous social mobilisation efforts to address health and development challenges, a range of lessons were described.

The most frequent theme expressed, encompassed in 28% of responses (n=15), was the importance of an integrated and collaborative approach to addressing health and development challenges. Some respondents expressed that *“efforts must be inclusive”* and a *“comprehensive approach is needed for NCDs, rather than isolated efforts only to target specific NCDs without looking at social determinants and links to other health and mental health problems”*.

Additionally, 15% of respondents (n=8) discussed the challenge of funding, expressing that for as long as there is a lack of resources, there will be a limit to action initiated. One respondent explained, *“these initiatives cannot be sustained without serious financing of human and material resources”*.

11% (n=6) mentioned lessons learnt from the HIV AIDS community, noting successes and the potential of adopting a similar approach. One respondent also mentioned other diseases, explaining, *“we can build upon the successes of the HIV movement. We should utilise our understanding of the continuum of infectious diseases like HPV and hepatitis to chronic diseases, certainly from the standpoint of NCDs prevention. Build momentum by linking NCDs to all development strategies, since NCDs prevention will save money and strengthen the workforce”*.

Finally, the specific role of civil society was discussed by 13% of respondents (n=7), with the general consensus being that civil society plays an important role. Respondents agree that *“it is important to involve...civil society for success of the program”* and that *“civil society is necessary”*.

Looking ahead: Priority outcomes for the UN Review

This section gathered input on priorities for the action-oriented UN Review Outcome Document.

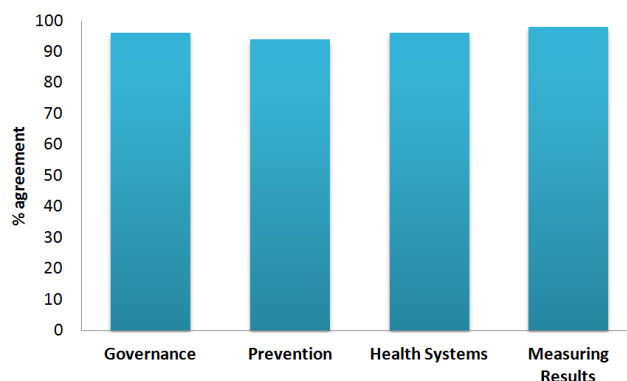
Areas for accelerating progress specified in the UN Secretary General's progress report

The UN Secretary General's progress report on NCDs identifies four areas for accelerating progress: governance, prevention, health systems, and measuring results. Respondents were asked which of these four areas they agreed with.

Overall, respondents agreed with these four areas being priorities for the NCD response beyond 2014. 96% of respondents (n=48) agreed with governance being a key area for accelerating progress. 94% (n=47) agreed with prevention, 96% (n=48) agreed with health systems, and 98% (n=49) agreed with measuring results.

While respondents were in agreement with these four areas, additional comments highlighted that there are other important issues that are not reflected, including resources.

Figure 9: Agreement with areas for accelerating progress in UN Secretary General's report



"Again resources are the biggest constraint - the Achilles heel..."

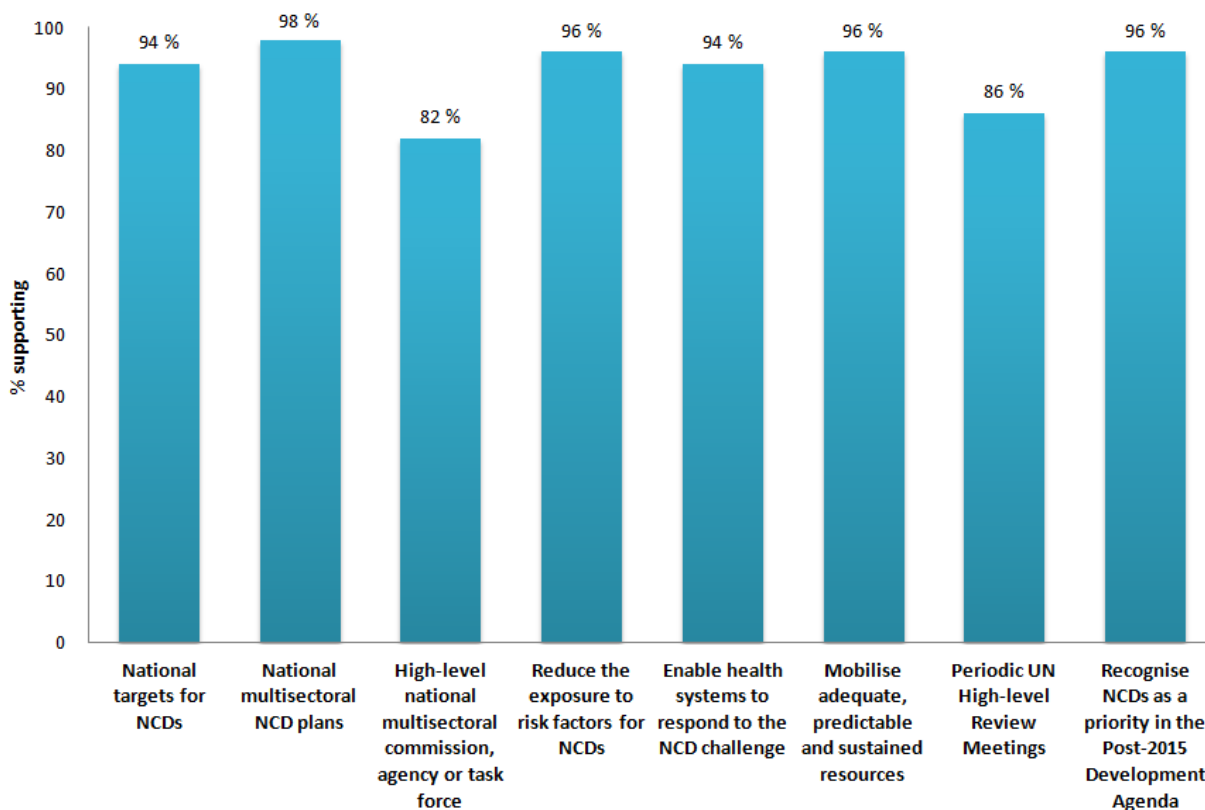
Priority outcomes for the UN High-Level Review on NCDs

The NCD Alliance has defined 8 priority outcomes recommended for inclusion in the Review Outcome Document. These 8 outcomes build upon the 2011 UN Political Declaration on NCDs, with specific, time-bound commitments for action and implementation at the national level. Respondents were asked which of the NCD Alliance priority outcomes for the Review they supported:

- Develop, by 2015, **national targets for NCDs**, taking into account the 9 global voluntary targets adopted at the 66th World Health Assembly
- Develop, by 2015, **national multisectoral NCD plans**, taking in account the WHO Global Action Plan for NCDs 2013-2020
- Establish, by 2015, a **high-level national multisectoral commission, agency or task force** for the engagement, policy coherence and accountability of sectors beyond health
- Implement, by 2015, as part of a multisectoral national plan, cost-effective interventions to **reduce the exposure to risk factors** for NCDs
- Implement, by 2015, as part of a multisectoral national plan, cost-effective interventions to **enable health systems to respond to the NCD challenge**
- **Mobilise adequate, predictable and sustained resources for NCDs**, through domestic, bilateral, regional and multilateral channels, including innovative financing mechanisms
- Hold **periodic UN High-level Review Meetings** on NCDs at the UN General Assembly, with the participation of Heads of State and Government, starting in 2017
- **Recognise NCDs as a priority in the Post-2015 Development Agenda** and support a specific stand-alone NCD mortality target adapted from the agreed "25 by 25" global target

The vast majority of respondents were supportive of the NCD Alliance priority outcomes, with more than 80% of respondents expressing support for each of the 8 outcomes. The most popular was the development of **national multisectoral NCD plans**, supported by 98% of respondents (n=49).

Figure 10: Support for NCD Alliance priority outcomes



When invited to comment further, one respondent commented that:

“These outcomes must be able to be actionable by all parties”

A respondent noted the importance of specific indicators and the establishment of data collection systems in order to make it possible monitor progress.

When asked what respondents considered to be the top 3 priority outcomes for the Review, respondents included all 8 of the NCD Alliance recommended priority outcomes in their comments.

- The focus area that was most commonly cited as the single most important priority was development of **clear targets for NCDs**. This was the top priority for 20% of respondents (n=9). 7% (n=3) directly cited the NCD Alliance goal, and 13% (n=6) specified development of national targets. 11% (n=5) noted the importance of targets at any level, and 9% (n=4) specifically mentioned a time bound approach as being important.
- Also a high priority was recognition of **NCDs as a priority in the development agenda**. This was the top priority for 17% of respondents (n=8), and featured in the top three priorities for 41% (n=19). Of these, 7 specified the exact wording of the NCD Alliance to “support a specific stand-alone NCD mortality target adapted from the agreed ‘25 by 25’ global target”. The remaining 12 respondents simply indicated that NCDs should be a priority in the future development agenda, often with a standalone target. An additional 4% (n=2) suggested a greater emphasis on the synergies between NCDs and broader sustainable development.
- The most frequently mentioned priority was **mobilisation of resources**, which was described in some form by 46% respondents (n=21). Three highlighted the important role of bilateral development

agencies, and two emphasised the importance of sustainable resources. Specific resources mentioned were financial, material, human and technical.

- 15% (n=7) prioritised the need to **strengthen health systems to respond to NCDs**, with 9% (n=4) emphasising cost-effectiveness. One respondent highlighted the value of nurses as a significant workforce which may often be overlooked, and one respondent also emphasised the need for “lifelong care”.
- 13% (n=6) recognised the importance of a **high-level national multisectoral commission, agency or task force**, with 11% (n=5) echoing the NCD Alliance recommendation and one suggesting establishment of a task force as a means of involving multiple stakeholders.
- The importance of holding future **UN review meetings** was listed as a priority by 13% of respondents (n=6). This could also be linked to a further 13% (n=6) that stated ongoing political commitments, government engagement and accountability should be prioritised.
- The importance of **reducing exposure to risk factors** and prevention was recognised by 15% (n=7).
- 9% of respondents (n=4) echoed the NCD Alliance priority to develop, by 2015, **national multisectoral NCD plans**. A further 13% (n=6) made reference to multisectoral action, and an additional 9% (n=4) mentioned specific actors: private sector, civil society, and academic institutions.

In addition to comments related to the NCD Alliance priorities, 9% (n=4) commented on the need for monitoring and surveillance at a range of levels (local, regional and national), and the need for relevant data to measure progress. 9% of respondents (n=4) focussed on the need to raise awareness at the national and regional level among governments, and also at more local levels among the general public. General comments on guidance were made by 11% of respondents (n=5), including, guidance at the national and regional level, recommendations for a comprehensive approach, WHO and UN commitment to support plans including those that the local level, and a mandate for policy formulation.