WHO Civil Society Working Group on NCDs
Position Statement

FULL REPORT

Resilient systems for 'building back better'

Health and other system requirements for the prevention and control of noncommunicable diseases and COVID-19

NCD Alliance

World Health Organization

Acknowledgements

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Introduction

The COVID-19 pandemic has demonstrated more than ever the need for global and national leadership in supporting resilient health and other systems, and the reality that health, economy and better societies are inextricably linked. Also important is the mobilisation of non-health sectors through polices and programmes that facilitate a 'whole-of-society' and 'whole-of-government' response. In many instances, this will require much more in-depth and coordinated engagement with key actors in finance, procurement and supply chain management, public communication, the private sector, and civil society, as well as consumers and people living with NCDs.

This, combined with learning from NCD prevention and control failures and successes, shines an important light on the need for robust, system-wide approaches and sustainable implementation at scale.

Systems approaches are required

A systems approach can be applied to more complex policy issues, taking a holistic view of the problem and bringing in evidence and perspectives from multiple actors to identify and implement solutions (Catalan 2018).

This paper describes a systems approach and provides a framework to support all actors to more effectively and collectively address two of the major health issues of our time, NCDs and COVID-19. Systems approaches are based on an appreciation that all parts of the system are related and inter-dependent. In the context of NCDs and COVID-19, systems approaches can improve preparedness, rapid response, and recovery to 'build back better'.

Systems thinking and design are critical for addressing complex, community-wide problems and mobilising comprehensive and coordinated responses. Such problems require broad engagement to successfully implement a range of strategies simultaneously and across sectors, at national or regional scale. Many of these strategies need to be implemented across populations to impact on as many people as possible, while others may be highly targeted to clinical contexts or specific geographies in response to local emergencies or outbreaks.

Systems approaches unite expertise across all sectors and components of the system. This brings together individuals, people living with NCDs, communities, professionals, and political and economic actors, enabling interventions to work in joined-up ways rather than in isolation. It is important to note that communities and civil society have a key role to play in this, as they can mobilize and engage community members and their assets, resources and unique perspectives to co-design solutions for problems and tasks.

In the context of responding to NCDs and COVID-19, systems approaches can engage communities in the successful design of strategies, align partners to support implementation of effective rapid responses to outbreaks of infectious diseases, provide economic supports to minimise financial hardship and help broaden engagement to more effectively counter the commercial determinants of ill-health. These approaches can also encourage consideration of cultural and social perspectives, including the needs of minority groups and seniors, and the gendered nature of exposure to risk factors, ability to access care and caregiving requirements.

Systems approaches can also help in mobilising evidence and connecting researchers to other components of the system. In rapidly evolving circumstances, we need to ensure nimble approaches to making sure evidence and research informs the most effective and cost-effective solutions, and that we fill data gaps and enable disaggregation of data on the impact of COVID-19 on individuals and communities. This includes how COVID-19 is impacting health facility admissions, risk factor exposure and disruption to 'usual' services. Data on these factors are useful for assessing inequities in health systems, but also for prioritising investments during the recovery phase. The NCD Alliance has highlighted gaps in progress with NCD prevention and control, addressing issues such as leadership, investment, polices, programmes and services (NCD Alliance, 2020). The International Union for Health Promotion and Education (IUHPE) proposes ten system requirements for advancing implementation of NCD prevention and control (IUHPE 2018). The present paper builds on this work and integrates it with the need for a robust, systems approach to NCDs and COVID-19.

Health and other systems approaches for an integrated response to NCDs and COVID-19

Over the course of the COVID-19 pandemic, it has become clear that the risk of severe COVID-19 increases both with age and the presence of underlying health conditions. Global modelling data suggests that more than one in five people are at an increased risk of severe COVID-19, largely as a result of underlying NCDs (Clark et al., The Lancet. 2020). However, this understanding of the increased risks faced by over 1.7 billion people worldwide who live with one or more NCDs has not systematically shaped national response and recovery strategies.

Compounding this, programmes to deliver NCD prevention, diagnosis, treatment and palliative care have been disrupted due to overloaded health systems. Pandemic prevention mechanisms like lockdowns have curbed some healthy behaviours, increased social isolation and contributed to a drop-off in public demand for health services due to concerns over potential risk of infections. Furthermore, most countries have experienced disruptions of essential health services, including treatment, surgery and rehabilitation programmes, due to COVID-19 overwhelming health systems. A recent WHO review found that, across the 163 countries surveyed, 75% reported partially or completely disrupted NCD services due to the pandemic (WHO (1), September 2020).

The pandemic is interacting with NCDs and existing health inequities to create a syndemic. This, combined with learning from NCD prevention and control implementation failures and successes, shines an important light on the need for robust system-wide approaches and sustainable implementation at scale to address NCDs and COVID-19.

Principles

Table 1 illustrates key principles that should underpin health and other system responses to NCDs and COVID-19, as well as the framework proposed in this paper for **Health and other system requirements for the prevention and control of noncommunicable diseases and COVID-19**. While these principles should underpin a wide range of health issues, they are particularly pertinent to health issues with community-wide impacts.

Work across the continuum of care	Establish health system supports across the continuum of care (population health, primary prevention, secondary prevention, tertiary care, palliative care).
Work across the life-course	Establish health and other system supports across the life-course with particular attention to children, young people, and older adults.
Build equity	Both the NCD and COVID-19 pandemics have made more evident the many existing challenges and inequalities in cities and communities, and the disproportionate exposure to risk factors leading to a higher burden of these diseases that is borne by the poor.
	Policies need to focus on building equity between and within countries – ensuring disadvantaged and vulnerable populations have access to universal health coverage as well as education, housing, employment and essential services. Health and other system failure is often felt most acutely among the poor.
	Each disadvantage needs to be considered across its various dimensions - gender, economy, geography, disability and distribution of power.
	The COVID-19 pandemic has exposed many weaknesses in health and other system responses from high-income countries. At the same time, some low- and middle-income countries (LMICs) have been able to mount successful responses to the pandemic. Herein lies an opportunity for bi-directional learning and challenge the paradigm with regard to genuine knowledge exchange, promoting equity of voice.
Focus on people living with or at high risk of NCDs and involve people living with NCDs in decision-making at all levels of governance	A particular emphasis needs to be placed on the needs of people living with NCDs and those at high risk of NCDs and their common risk factors. This growing population is more vulnerable to infectious diseases, including COVID-19, and needs effective and affordable health care and prevention services.
	Meaningful engagement of people living with NCDs in planning, implementation and evaluation of national preparedness and response plans must be ensured.
Respect the human right to health	Health is a fundamental human right that is indispensable for the exercise of other human rights. Implementation of these requirements can be further enhanced if they are applied with due respect to the view that every human being is entitled to the enjoyment of the highest attainable standard of health, conducive to living a life in dignity.

Support, protect, respect and strengthen health services and the health workforce	A skilled and supported health workforce is an important part of the front line for prevention and control of NCDS and infectious disease outbreaks. The post-COVID-19 health workforce will require strengthened capabilities to provide integrated care, working across NCDs and infectious diseases. In addition, there can be an enhanced role for support programmes in the service delivery mix.
	Crises can give rise to innovation and adaptation. An example is illustrated through advances in remote and online health service delivery (telemedicine), which enhances primary care and enables rapid response and deployment in cost-effective ways.
Prioritise working across NCDs and infectious diseases	There has never been a more dangerous time than the COVID-19 pandemic for people living with NCDs. COVID-19 has resulted in a potential double-burden for people living with NCDs, as individuals living with heart disease, diabetes, certain types of cancer and lung disease are more susceptible to severe infection and death from COVID-19.
	Programmes and services should aim to optimise prevention, recognising the impact that COVID-19 control measures such as lockdowns are having on physical activity, access to nutritious food, use of tobacco and alcohol, and mental health.
	The continuation of essential services, treatment and management for people living with NCDs must be ensured. This includes minimising disruption to treatments, access to medicines, and medical and surgical services for NCDs. Disruption of essential screening and diagnostic testing is likely to result in a substantial increase in NCDs, which will be diagnosed at a later stage when management or treatment is more expensive and there is greater potential for side effects or complications for individuals.
	It is essential to break down silos in financing, programmes, policy and community engagement between NCDs and communicable diseases in global health generally, given the increasing prevalence of multi-morbidity between NCDs and between communicable diseases and NCDs, e.g. HIV, TB, maternal, child and adolescent conditions, mental health.
Build supportive environments and technologies to prevent and control NCDs and COVID-19	Whatever the new normal looks like, some of it can be for the better, allowing cities, towns and neighbourhoods to re-set themselves, making provision for local healthy food supply; increased space for walking, cycling and outdoor recreation; cleaner air and water; and enhanced access to health and social services.

"COVID-19 has preyed on people with NCDs"

Dr Tedros, Director-General, WHO

"Two categories of disease are interacting with specific populations – infection with COVID-19 and an array of NCDs. COVID-19 is not a pandemic, it is a synergistic epidemic that is the aggregation of two concurrent epidemics. It is a syndemic"

Richard Horton, Editor-In-Chief, The Lancet.

A checklist of health and other system requirements for successful implementation

Levers for preparedness, rapid response and building back better for prevention and control of NCDs and COVID-19

The system requirements in this paper are critical enablers for the implementation of a comprehensive response to the prevention and control of NCDs and COVID-19, providing the financing, strengthened institutions, leadership, workforce and cross-sector mechanisms to support implementation of National Action Plans.

Resilient systems for 'building back better'
System requirements for the prevention and control of noncommunicable diseases and COVID-19

Political requirements

1. Strengthen high-level political commitment and leadership and accountability for delivery

Policy requirements

2. Design and implement comprehensive National Action Plans for prevention and control of NCDs and COVID-19

3. Complement National Action Plans by investing, at sufficient scale for national impact, in WHO global strategies and the revised WHO Best Buys and Other Recommended Interventions for NCDs.

4. During pandemics or large-scale emergencies, minimise disruptions to existing health services.

Enabler requirements

5. Identify and allocate sustainable financing including innovative funding options, such as levies on companies that cause harm.

6. Strengthen or establish National and sub-National institutions for prevention and control of NCDs and COVID-19.

7. Appoint high-level leaders for the prevention and control of NCDs and COVID-19

8. Support and enable the health workforce.

9. Co-design and implement solutions with input from civil society, consumers and people living with NCDs.

10. Strengthen investment in prevention and health promotion.

11. Tackle the commercial determinants of health fiand establish clear rules of engagement for the private sector.

12. Strengthen investment in evidence generation, guidelines, evaluation and monitoring to ensure quality and accountability

PRINCIPLES

– Work across the continuum of care

– Work across the life course

– Build equity

– Respect the human right to health

– Focus on people living with or at high risk of NCDs

– Prioritise working across NCDs and infectious diseases

– Build supportive environments and technologies to prevent and control NCDs and COVID-19

– Support, protect and strengthen health services and the health workforce

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Figure 1. System requirements for the prevention and control of noncommunicable diseases and COVID-19

A
Political requirements

1. Strengthen high-level political commitment and leadership

The COVID-19 pandemic has demonstrated more than ever the need for global and national leadership in supporting resilient health systems. Equally important is the role of political leaders in mobilising non-health policies and systems to enable a cross-society response. This response needs to engage governments with actors at all levels – in finance, logistics, public communication, the private sector and civil society – to meet these challenges together. Uruguay's late President Tabare Vazquez, in his introductory remarks as host to the WHO Global Conference on NCDs, in Montevideo, Uruguay, 18-20 October 2017 said "*The epidemic of NCDs requires a resolute response and a firm political determination, but all of us, all citizens, must work together to confront this problem.*"

Accountability for delivery

Governments have a responsibility to protect their citizens and should be accountable for ensuring delivery of services across each of the system requirements in this paper. This applies to commitments made to implement United Nations and World Health Organization resolutions on NCD prevention and control, Universal Health Coverage and COVID-19, related Action Plans, and the Framework Convention on Tobacco Control (FCTC).

Governments also have a responsibility to ensure inequities are addressed and special consideration is given to the most marginalised populations and those who lack access to health and other services, including Universal Health Coverage. In establishing governance arrangements, a formal voice and decision making role needs to be established for people living with NCDs, at local, national, regional, and international levels.

Finally, governments have a special responsibility to establish and strengthen a culture that is supportive of a united effort across society.

Governments can facilitate a cross sector response, establishing and adhering to goals and targets, and securing resource procurement and mobilisation. Political leaders can also ensure commitment to include NCDs in national COVID-19 plans and build important policy bridges between NCDs and emergency responses.

Political and civic leaders need to consider – and where appropriate, strengthen – accountability mechanisms for the rapid and effective implementation of the system requirements to guarantee preparedness, rapid response and building back better for infectious disease outbreaks and NCD prevention and control.

These efforts need to be captured and measured as part of robust National Action Plans (based on evidence-based cost estimates, and cost-benefit analyses) to support implementation.

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B

Policy requirements

2. Design and implement at scale comprehensive National Action Plans for prevention and control of NCDs and COVID-19, and ensure governments integrate the core measures of their National NCD Action Plans into COVID-19 response strategies

Member States have committed to United Nations and World Health Organization resolutions relating to NCD prevention and control, UHC and COVID-19. In September 2020, as part of the Omnibus Resolution, the United Nations committed to calling for "a comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic" (document A/74/L.92). WHO also called for intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic and its consequences through responses that are people-centred and gender-responsive, with full respect for human rights. This highlights the key leadership role of WHO — and the fundamental role of the United Nations system — in catalysing and coordinating the global response to COVID-19 and the central efforts of Member States.

Four key measures for Member States to include in National Action Plans for NCDs and COVID-19, as outlined by WHO, are:

• A comprehensive and coordinated response to the COVID-19 pandemic, including its interface with NCDs, is established and implemented.

• Robust National Strategies and Action Plans for NCD prevention and control are established and implemented.

• Comprehensive National Action Plans to ensure governments can prepare for, respond to and recover from COVID-19 and other infectious disease outbreaks are established and implemented.

• Core measures in National NCD Action Plans are integrated into COVID-19 response strategies and implemented.

• Sufficient resources are allocated to ensure the above.

To achieve ambitious NCD targets and healthy communities, national commitments need to go beyond the mere existence of policy to ensure the robust, comprehensive and sustained implementation of explicit strategies and action plans with accompanying evaluation and accountability mechanisms. This includes provision for prevention, early diagnosis, screening, appropriate treatment, and palliative care for NCDs, integrated into primary health care services and Universal Health Coverage benefit and financial protection packages.

Effective responses to COVID-19 and future outbreaks and emergencies also require robust system approaches. The 2021 74th World Health Assembly agreed actions that included increased commitment to pandemic preparedness and response, sustainable financing and a possible WHO convention agreement or other instrument to address pandemic preparedness and response. The WHA resolution 74.7 calls for Member States to "*work towards achieving strong and resilient health systems and universal health coverage, as an essential foundation for effective preparedness and response to public health emergencies, and adopt an equitable approach to preparedness and response activities, including to mitigate the risk that health emergencies exacerbate existing inequalities in access to services, including those for immunization and nutrition, chronic infectious diseases and noncommunicable diseases, mental health, maternal and child health, sexual and reproductive health care services, rehabilitation and long-term care.*" (WHA Resolution 74.7 2021).

The COVID-19 pandemic has demonstrated more than ever the need for resilient health systems, especially ones that are equipped to respond to the growing burden of NCDs. NCDs and their risk factors are exerting a heavy toll on health systems around the world, draining scarce resources even though they are largely preventable. Both COVID-19 and NCDs disproportionately impact the poorest and most vulnerable people in all countries. Universal Health Coverage can better enable equitable prevention, early diagnosis, screening, appropriate treatment, rehabilitation and palliative care for NCDs as part of a comprehensive health response; that is, without incurring financial hardship (WHO CCWG 2020).

National Action Plans also need to include provision for robust and effective prevention. It is well documented that a comprehensive approach works best. This typically incudes a blend of educational, environmental, policy, and fiscal measures. This also includes policies such as advertising bans and levies on harmful products.

It is vital that in tackling population-wide problems such as NCDs and pandemics, governments establish their commitment with a balanced portfolio of measures that go beyond 'easy options' such as education for individual responsibility, and include legislative, regulatory and fiscal measures, as well as supportive environments like healthy cities, schools and workplaces.

3. Invest in scaling up evidence-based and cost-effective interventions for NCDs

Complement National Action Plans by investing in WHO Global Strategies and in the revised WHO Best Buys and Other Recommended Interventions for NCDs at sufficient scale for national impact. Revised 'best buys' should factor in NCD prevention and control to epidemic preparedness and public health / infectious disease resilience.

The World Health Organization's NCD Global Action Plan on NCDs (WHO, 2013) details important guidance for NCD Action Plans by Member States, including a menu of policy options and cost-effective interventions to assist member states in developing NCD prevention and control strategies. This is supported by related strategies such as the Framework Convention on Tobacco Control and the Global Action Plan on Physical Activity.

The World Health Organization's 'best buys' and other recommended interventions for the prevention and control of NCDs provide essential guidance for policy makers to address NCDs through National Action Plans, based on available evidence from initiatives that have proven effective and cost-effective. The 'best buys' require a mechanism for regular review so they can evolve to reflect new evidence of impact and cost-effectiveness. This review mechanism should enable civil society input.

The WHO NCD Country Capacity Surveys (WHO 2020 (2)) report presents results across the four areas of public health infrastructure, partnerships and multisectoral collaboration; policies, strategies and action plans; health information systems monitoring, surveillance and surveys; and health system capacity for detection, treatment and care. These survey results are useful in identifying areas for improvement and in strengthening national responses to NCD prevention and control. The scope and content of the surveys can inform the status of the system requirements outlined in this paper.

In addition, effective health promotion and prevention can help to alleviate the double burden of NCDs and COVID-19, as a healthier population is better able to recover if infected. Effective NCD prevention and control can support epidemic preparedness and public health / infectious disease resilience.

Given the scale and burden of NCDs and COVID-19, the failure of governments to invest in NCDs independently, and as part of a systemic approach to COVID-19, will multiply the human and economic burden of poor health, delayed diagnosis, increased complications and death.

Mechanisms need to be prioritised to ensure ongoing civil society input and engagement in scaling up evidence-based and cost-effective interventions.

4. Minimise disruption to existing health services during pandemics or large-scale emergencies

One important lesson from COVID-19 is that pandemics have the potential to completely disrupt the entire health system. Services such as emergency and intensive care are overwhelmed, while other services such as surgery and rehabilitation are postponed or cancelled to 'free up' hospital resources. This has led to delays in diagnosis and treatment, including essential surgeries, and limited access to rehabilitation and palliative care services for people living with NCDs.

Specific and practical guidance is required to ensure access to and continuity of essential health and community services for NCDs. These services should be monitored, taking note of any specific services that may have been discontinued, such as rehabilitation and palliative care. Clear guidance is also needed to identify priority patients who should continue rehabilitation, and wherever appropriate and feasible, remote tele-rehabilitation services should be initiated. Similarly, national guidance is required for the development and use of digital health solutions for NCD care, self-care, and care at home as well as peer support initiatives.

C

Enabler requirements to support implementation

5. Identify and allocate sustainable financing, including innovative funding options, such as levies on companies that cause harm

Mobilizing robust responses to prevention and control of NCDs and COVID-19 is dependent on addressing current underinvestment in NCDs. Mechanisms to support increased and sustained investment should be identified and supported, with the funds raised being earmarked for the NCD policies and interventions with proven effectiveness.

There are various potential mechanisms for this:

- Establishing new international funding models and partnerships for NCDs, including establishment of specific funds for NCDs and mental health.

  - The Multi-Partner Trust Fund to catalyze in-country action for NCDs.

  - Multi-lateral agreements that help ensure support and engagement from UNDP, UNICEF.

  - The Global Fund offers a valuable opportunity to accelerate achievement of targets, while simultaneously addressing evolving community needs through cost-effective, evidence-based health interventions for NCDs. Better integration of measures to address NCD risk factors and improve access to treatment and care for NCDs should form part of the new Global Fund Strategy in 2021.

  - People living with HIV and TB are more susceptible to many NCDs, including diabetes, cardiovascular disease, chronic lung disease, 14 types of cancer including cervical and lung cancers, and depression, and these interlinkages may be bi-directional. This complex interplay of diseases and risk factors reduces quality of life, undermines treatment outcomes and leads to premature mortality. Its understanding is most pertinent to tackling the current burden of co-morbidity experienced due to COVID-19 infection for those with NCDs.

- Enacting national legislation that quarantines recurrent funding for NCD prevention and control as part of contingency funding for infectious disease outbreaks.

- Consideration of alternative sustainable financing options for prevention and control of NCDs and COVID-19, such as levies and removal of subsidies on products that cause harm (tobacco, sugary drinks, alcohol and junk foods, fossil fuels) with a dedicated allocation for NCD and COVID-19 prevention and control programmes. A number of countries have established health promotion funds through this mechanism, including Thailand with the Thai Health Promotion Foundation (WHO, 2016).

- Further mechanisms for financing can include:

  - Domestic resource mobilisation;

  - UN Global Action Plan for SDG3 commitments;

  - Inclusion of key interventions for NCDs into bilateral funding portfolios to reflect national integration of services in international support for their development;

  - Philanthropy (including integration of NCDs with communicable diseases, maternal/child programmes and COVID-19);

  - Private sector /blended financing (with appropriate safeguards; see 11.0).

6. Strengthen or establish national and sub-national institutions for the prevention and control of NCDs and COVID-19

Policy development, research and programme implementation are greatly strengthened when national and sub-national institutions are in place, adequately resourced and charged with responsibility for implementation. These include governmental institutes and centres for disease control, dedicated institutions that support health promotion and primary prevention, and primary care agencies. These institutions need to be strengthened in countries where they exist and established in countries where they do not exist, in order to lead the implementation of national policy and programmes supported by evaluation, research and relevant monitoring and surveillance.

These institutions should be guided by National Strategies and Action Plans for noncommunicable disease prevention and control and infectious disease response and management. Strategies and policies should be complemented by fully funded Implementation Plans, outlining priority interventions and guided by evidence of impact and cost-effectiveness. Implementation Plans should always be tailored to local need and context.

Connecting with civil society institutions, including those that represent people living with NCDs and health professionals, is crucial. For example, one mechanism that has been effective in cancer control is national cancer control working groups or committees – these bring together different voices including clinical staff, civil society organisations and patients to help in the development, monitoring and evaluation of national strategies, as well as the review of other relevant documents which could/will impact the delivery of cancer services nationally. These plans should be designed for implementation across the continuum of care.

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Haitian nurse based in New York, works to serve local children as a volunteer nurse during the S.O.S. Medical and Relief Mission in Philippines, after Typhoon Yolanda (Haiyan) devastated the area.

7. Appoint high-level leaders in the institutions responsible for the prevention and control of NCDs and COVID-19

For the prevention and control of NCDs and COVID-19 to be effective, the leaders of the institutions responsible for implementation need to be appointed at the highest level of the public service within the health sector. In addition, to allow system approaches to be implemented, there must be a response from other sectors; for example, the education sector and business schools that develop degrees and provide training in 'Healthy Public Management.' This is not just a matter for the health sector, but for all those educational institutions that prepare civic, social and business leaders.

8. Support and enable the health workforce

The COVID-19 pandemic has highlighted the enormous burden taken on by health workers at the front line. It is vital that healthcare and prevention workers are well-resourced to do their job effectively and are also protected from personal risk of infection.

Health workers also need to be supported by secure employment, career pathways, and adequate remuneration. In addition, initiatives must be implemented to ensure health workers are supported in their own health and well-being, mental health, and protected from infection and from violence against them.

In order to attract and retain urgently needed health workers, there needs to be a positive practice environment in health care settings that supports excellence, provides decent work conditions, enables quality patient care and strengthens the health sector as a whole. Governments and Departments of Health can stand up For Positive Practice Environments as outlined by the World Health Professionals Alliance (WHPA 2020).

A further element of this is ensuring adequate training and education, as well as competency development across the health workforce. Lessons from COVID-19 will focus attention on the competency requirements of a post-COVID-19 workforce. This applies across specialised disciplines and also in the ability to work in multi-disciplinary teams in integrated care delivery systems.

Health policies need to support and enable provision for flexible multi-disciplinary teams that can respond equally well to health issues in their 'preparation', 'rapid response' and 'build back better' phases, and are equipped to work across co-morbidities. An enhanced scope and flexibility of practice will have training and organisational culture implications. For example, many people living with NCDs or recovering from COVID-19 will have heightened mental health needs. Depression, anxiety and suicide rates are high among people diagnosed and living with NCDs and when recovering from infectious diseases. All health workers need to be well equipped to deal with mental health and wellbeing.

9. Co-design and implement solutions with input from civil society, consumers and people living with NCDs

For the most effective responses in primary care and community health settings, it is vital to ensure stakeholders, consumers and civil society organisations are meaningfully consulted and engaged in design and implementation of policies, programmes and services. There are precedents from HIV/AIDS and tuberculosis of successful models for providing formal decision-making roles for people with health conditions and their communities (NCD Alliance, Nov 2020).

National and sub-national governments need to ensure mechanisms are in place for the meaningful engagement of non-government health organisations, and that civil society is engaged and further empowered and resourced through partnerships with government to ensure effective and efficient programme and service delivery and policy implementation.

WHO has supported strong engagement with civil society through its NCD Global Coordinating Mechanism and the WHO Civil Society Working Group on NCDs. Successful implementation of NCD policy and COVID-19 responses will require the mobilization of strong community engagement and partnerships, including the participation of major NCD non-governmental agencies. It is equally important to value and facilitate the participation of individuals, households, communities (urban and rural) and people living with NCDs in the development and delivery of initiatives. Community action on NCDs is driven by the empowerment and ownership of community members, consumers and the many smaller local stakeholders such as volunteer groups, women's groups, schools, youth, and the media (Moeti & Munodawafa, 2016). Such an approach is highly consistent with a systems approach to addressing the SDGs.

The Our Views, Our Voices Global Consultation on COVID-19 and Building Back Better was a consultation conducted by the NCD Alliance to gather insights from people living with NCDs on building stronger health systems and resilient communities beyond the pandemic and on meaningful involvement of people living with NCDs. Results can be explored here: https://www.ourviewsourvoices.org/consult/dashboard/covid-19-building-back-better.

Some of the areas of priority actions for governments identified in the consultation included ensuring health systems are inclusive and address all needs of people equally, ensuring strong and integrated primary healthcare in order to address the needs of living with multiple NCDs, and ensuring access to safe, timely, affordable and quality essential medicines and products.

10. Strengthen investment in prevention and health promotion

Health promotion and prevention are chronically underfunded and are critical to ensuring healthy and resilient populations. Healthier societies will be supported by full implementation of the WHO Global Action Plan on NCDs and related Plans and Conventions, such as the WHO Global Action Plan on Physical Activity, WHO Global Strategy to Reduce the Harmful Use of Alcohol, the WHO Framework Convention on Tobacco Control, the WHO Best Buys and Other Recommended Interventions; as well as robust National Action Plans. These policies and plans should be implemented in conjunction with the other system requirements to ensure that health promotion and prevention is supported by sustainable financing, dedicated institutions, high-level leaders, and a strengthened workforce.

11. Establish clear rules of engagement with the private sector to maximise benefits to health while tackling the commercial determinants of ill-health.

The private sector plays an important role in promoting and supporting health and wellbeing through delivery of services, funding research and development, and implementing pro-health policies and programmes, including workplace health programmes. From a productivity and profitability standpoint, the private sector will benefit from measures to ensure a healthier workforce.

However, it is important to differentiate those industries that cause harm and explicitly exclude them from dialogue, funding and opportunities to influence public health policy, direction or delivery. A robust approach to prevention and control of NCDs and to COVID-19 responses must include tackling the commercial determinants of health and holding to account companies that cause harm. The tactics of industries which profit from unhealthy commodities, including tobacco, alcohol, ultra-processed food, sugar-sweetened beverages, breast milk substitutes and fossil fuels, are directly at odds with the fundamental right of every human being to enjoy the highest attainable standard of health (WHO CSWG on NCDs, May 2020).

The voices calling for governments to cease inappropriate partnerships with industry have increased during the COVID-19 pandemic, and there is increasing demand from national governments for WHO guidance (NCD Alliance Sep 2020).

12. Strengthen investment in evidence generation, guidelines, evaluation and monitoring to ensure quality and accountability

To underpin NCD prevention and control and effective health and other system responses to COVID-19, governments need to invest in quality and accountability. This involves investment in research and evaluation to build a strong evidence base for action, monitoring and evaluation to measure impacts and outcomes.

We have seen how the lack of registration systems, contact tracing and other data capture methods is seriously hampering COVID-19 responses in many LMICs. Access to timely, accurate and reliable data is critical. Therefore, governments must commit to investing in systems to collect, disaggregate, and analyse health data; to identify vulnerable groups; and to track the impact of policy responses on their health outcomes and financial sustainability more effectively.

Other data and evidence that can help underpin system responses includes:

- Guidelines, developed in a national context and derived from global evidence;

- Evaluation to determine effectiveness and cost-effectiveness of investments;

- Establishing and monitoring national goals and targets, contextualised from WHO guidance, and from this establishing a monitoring and accountability framework for the delivery of NCD prevention and control action plans and the achievement of targets;

- Support to innovation and translational research.

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From the devastation of COVID-19 comes a moment when leaders can choose to build a healthier, more productive and sustainable future for the world. Success in addressing NCDs and in building back better from COVID-19 is a prerequisite to achieving the vision of the 2030 Sustainable Development Goals. The WHO Civil Society Working Group on NCDs calls on all member states to embrace these system requirements as part of robust and funded strategies for the prevention and control of noncommunicable diseases and COVID-19.

Fast-tracking responses on limited budgets

The COVID-19 pandemic has highlighted limitations in the ability to mobilise at scale in health emergencies. It has also shone a light on inequalities and lack of resources in LMIC contexts.

The following are programmatic and policy responses that countries must prioritize in order for populations to survive and recover rapidly in health emergencies.

In clinical settings, this includes:

- Constructing temporary infrastructure for health care;

- Ensuring robust pathways for procurement, supply and delivery of vaccines and for health equipment and supply of health equipment such as personal protective equipment and ventilators, and distribution of essential medicines and vaccines;

- Establishing mechanisms to avoid disruptions to treatment, including to essential medicines, technologies, surgery, and rehabilitation and palliative care services for people living with NCDs;

- Rapid mobilisation and innovation of technology in health care including tele-health and remote medicine.

In non-clinical and community settings this includes:

- Engaging traditional and digital media to diffuse consistent public education messages on prevention and protection, and to build a supportive culture in the face of challenges;

- Ensuring food security, including access to an affordable food supply;

- Urban planning and environment changes (temporary and permanent) to create more urban space for walking and cycling and reducing traffic;

- Creating enhanced spaces for family and community life, exercise and outdoor dining;

- Extending smoke-free spaces to outdoors;

- Ensuring adherence to safe practices such as social distancing, hand washing/sanitising, and safe food practices;

- Protecting local communities from influences of industries that cause harm.

References

Catalan D. What is a systems approach? OECD Observer. 2018.

Clark A, Jit M, Warren-Gask C et al. Global, regional and national estimates of the population at increased risk of severe COVID-19 due to undeyling health conditions in 2020: A modelling study. The Lancet. 2020. https://doi.org/10.1016/S2214-109X(20)30264-3. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30264-3/fulltext (accessed 26 Nov 2020).

International Union for Health promotion and Education (IUHPE). Beating NCDs equitably: Ten system requirements for health promotion and the primary prevention of NCDs (2018). https://www.iuhpe.org/index.php/en/iuhpe-at-a-glance/iuhpe-official-statements (accessed 26 Nov 2020).

Moeti MR and Munodawafa D. Required action to place NCDs in Africa and the Global South high on the world agenda. Health Education and Behaviour. (2016). 43(IS): 14S-16S.

NCD Alliance. Signalling virtue promoting harm – unhealthy commodity industries and COVID-19. 2020. https://ncdalliance.org/resources/signalling-virtue-promoting-harm#:~:text=Signalling%20Virtue%2C%20Promoting%20Harm%3A%20Unhealthy,COVID-19%20pandemic%20to%20date (accessed 31 January 2021).

NCD Alliance. Improving quality of life for communities living with HIV-AIDS, tuberculosis and malaria. 2020. https://ncdalliance.org/resources/improving-quality-of-life-for-communities-living-with-hivaids-tb-and-malaria.

NCD Alliance. Bridging the gap on NCDs: From global promises to local progress. 2020. https://ncdalliance.org/news-events/news/five-gaps-delaying-the-ncd-agenda-and-ways-forward-for-civil-society-%E2%80%93-new-brief

NCD Alliance. The Our Views, Our Voices Global Consultation on COVID-19 and Building Back Better. https://www.ourviewsourvoices.org/consult/dashboard/covid-19-building-back-better (accessed 22 January 2021).

United Nations. United Nations Omnibus Resolution on the COVID-19 pandemic. (document A/74/L.92) 2021. (accessed 5 March 2021).

World Health Assembly Resolution 74.7. Strengthening WHO Preparedness for and response to health emergencies. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf

World Health Organization. Opening remarks from President Tabare Vazquez, former President (deceased) in his introductory remarks as host. World Health Organization Global Conference on NCDs. Montevideo. 2017. https://m.facebook.com/ncdalliance/posts/501710170172717/?locale=zh_CN (accessed 21 Jan 2021).

World Health Organization (1). Responding to noncommunicable diseases during and beyond the COVID-19 pandemic: a rapid review. State of the evidence on COVID-19 scientific briefs, Geneva. 2020. https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-communicable_diseases-Evidence-2020.1 (accessed 26 Nov 2020).

World Health Organization (2). Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2019 global survey. Geneva. 2020. Licence: CC BY-NC-SA 3.0 IGO.

World Health Organization Civil Society Working Group on NCDs. WHA73 Statement. World Health Assembly. Geneva. 2020. https://ncdalliance.org/resources/wha73-statement-who-civil-society-working-group-on-ncds (accessed 24 Jan 2021).

World Health Professionals Alliance. Stand up for Positive Practice Environments. WHPA. 2020. https://www.whpa.org/activities/positive-practice-environments (accessed 26 Nov 2020).

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