

NCD Alliance Webinar

Wednesday 20 February 2019

Agenda

- Coming up soon
- UHC HLM: Guest speaker UHC2030 CSEM
- Headlines from WHO Executive Board
- Report back from Prince Mahidol Award Conference (PMAC)
- NCD Alliance membership news: 'My NCDA Hub'

Speakers

- Chair: Katie Dain, CEO, NCD Alliance
- Priya Kanayson, Senior Advocacy Officer, NCD Alliance
- Guest speaker: Eliana Monteforte, MSH, Coordinator, CSEM of UHC2030
- Nina Renshaw, Policy and Advocacy Director, NCD Alliance
- Liz Arnanz, Partnerships and Membership Officer, NCD Alliance

Coming up soon



Coming up

- **Currently ongoing: Nominations for the NCD Alliance Board of Directors and President for the term of 2019-2021**

Deadline: 25 February

Note: The next General Assembly meeting will be held on Saturday 18th May in Geneva, on the sidelines of the World Health Assembly, where the NCDA President and Board of Directors for the term 2019-2021 will be elected by our membership.

Priority events

AMREF Africa Health International Conference
Kigali, Rwanda

5-7 March 2019

Commission on the Status of Women (CSW63)
UN Headquarters, New York

11-22 March 2019

UHC HLM Multistakeholder Hearing
UN Headquarters, New York

29 April 2019

WHO World Health Assembly
Geneva, Switzerland

20-28 May 2019

Women Deliver Conference
Vancouver, Canada

3-6 June 2019

UN High-Level Political Forum
UN Headquarters, New York

9-15 July 2019

UN General Assembly
UN High-Level Meeting on Universal Health Coverage
UN Climate Summit
UN SDG Summit / HLPF
UN Financing for Development Summit
UN Headquarters, New York

September 2019
23 September
23 September
24-25 September
26 September

Preparations for the UN High-Level Meeting on UHC

Priya Kanayson
Senior Advocacy Officer

UN HLM on Universal Health Coverage

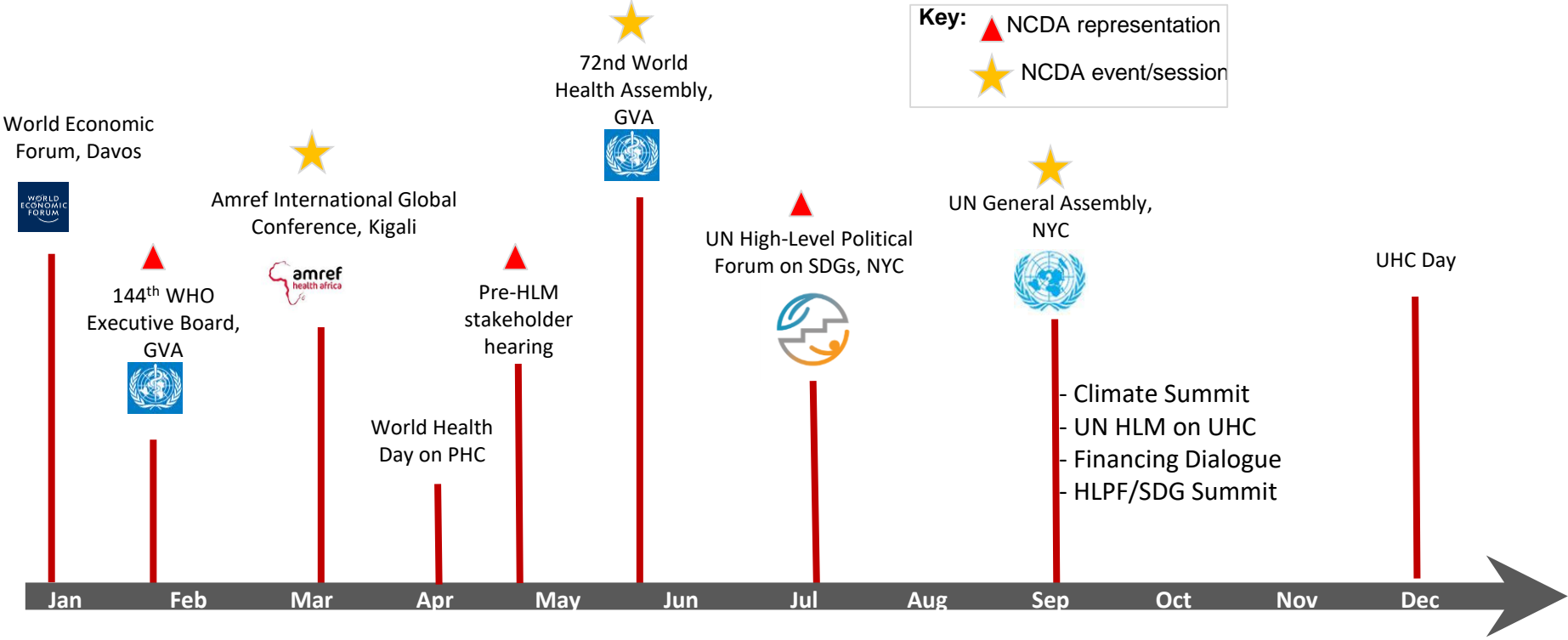
- First **UN HLM on UHC - Monday, 23 September 2019**
 - “Moving toward building a healthier world”
 - [Modalities](#) already negotiated and agreed
 - Preparations will include an interactive multi-stakeholder hearing, **Monday 29 April 2019, NYC**
 - HLM: One day meeting with opening & closing segments, plenary, two multi-stakeholder panels (themes still TBD)
- Outcome: **Political Declaration**
 - Initial discussions during EB
 - Co-facilitators’ pre-zero draft expected mid-May
 - Negotiations likely begin in NY in June
 - Many contentious points



Attend the HLM on UHC

1. *Apply for special accreditation* for organizations *not* in consultative status with ECOSOC [application open until **3 March**]
 - MUST complete this process to attend the multistakeholder hearing and the HLM on UHC
 - Valid for: NGOs not in ECOSOC status, civil society organizations, academic institutions, philanthropic foundations, medical associations and the private sector
 - List of orgs with ECOSOC status [here](#)
 - Registration guidelines developed by UHC2030 available [here](#)
 - **Apply for accreditation:** <https://reg.unog.ch/event/28559/>
2. *Register* for the multistakeholder hearing
3. *Register* for the UN HLM on UHC

Key events in the lead up to UHC HLM



Civil Society Engagement Mechanism of UHC2030

Key activities in the lead up to the UN High Level Meeting (HLM) on Universal Health Coverage (UHC)

Presenter: Eliana Monteforte, Coordinator of the CSEM

About the UHC2030

Mandate:

- Provides a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening
- To advocate for increased political commitment to universal health coverage (UHC) and facilitate accountability and knowledge sharing

Activities:

- Improve coordination of HSS efforts for UHC at global level
- Strengthen multi-stakeholder policy dialogue and coordination of HSS efforts in countries
- Facilitate accountability for progress towards HSS and UHC
- Build political momentum around a shared global vision of HSS for UHC
- Advocate for sufficient, appropriate and well-coordinated resource allocation to HSS

About the UHC2030 Con't

Governance:

- Hosted by WHO and World Bank
- Steering Committee provides oversight and decision making
 - 20 members including country seats (9) multilateral organizations (3), World Bank and WHO (2), Philanthropic Foundation (1) Civil Society (4) and Private Sector (1)

Membership:

- Historically have 66 existing [partners](#) including governments, international organizations, civil society organizations, private sector, academia and media
- To join the Global Compact click [here](#)

About the CSEM

Mandate:

- To raise CSO voices in UHC2030
- To ensure UHC policies are inclusive and equitable, and that no one is left behind.

Activities:

- Influencing policy design and implementation
- Lobbying for participatory and inclusive policy development and implementation processes
- Strengthening citizen-led social accountability mechanisms
- Promoting coordination between CSO platforms and networks working on health-related issues at the national, regional and global levels
- Knowledge creation on the existence and sophistication of existing national level infrastructure for civil society on UHC

About the CSEM Con't

Governance:

- Advisory Group (AG) links the global and national levels, ensures representativeness of CSO diversity, sets constituency priorities based on national inputs and acts as a technical hub
- The group is composed of [18 members](#), including the three CSO representatives (and their alternates) to the steering committee

Membership:

- About 500 individuals
- Over 250 organizations
- Over 50 countries

CSEM Activities for the HLM on UHC

1. Civil Society Survey to Inform Global Health Initiatives in 2019
2. Face-to-Face Civil Society Consultation in Kigali Africa Regional Conference ([AHAIC](#))
3. Face-to-Face Civil Society Consultation during G20 Meeting
4. Informal Civil Society HLM Session during the World Bank Spring Meetings
5. HLM Informational Webinars
6. In-Country HLM Advocacy Meetings



Thank you!

To join the CSEM please go to our website at csemonline.net!

Follow us on [Twitter](#) for updates on our activities!

Reach us at csem@msh.org!

Q&A





Headlines from WHO Executive Board 24 January – 1 February 2019

Nina Renshaw, Policy & Advocacy Director

144th Session of the WHO Executive Board

NCD Priority items - [Advocacy briefing & 12 Statements delivered](#)

- 1. Follow-up to the high-level meetings of the UN General Assembly**
 - **Prevention and control of NCDs ([EB144/20](#))** - Decision adopted

- 2. Universal health coverage**
 - Primary Health Care ([EB144/12](#)) & Community Health workers ([EB144/13](#)) - Resolution adopted on community health workers
 - Preparations for UN HLM on UHC ([EB144/14](#))

- 3. Medicines, vaccines and health products**
 - Access to medicines and vaccines ([EB144/17](#)), Cancer medicines ([EB144/18](#))

- 4. Health, environment and climate change**
 - Draft WHO global strategy on health, environment and climate change ([EB144/15](#))

- 5. Cervical cancer elimination ([EB144/28](#))** - Decision adopted

5.8 Follow up to the health-related UN HLMs (1)



- [Decision EB144\(1\)](#) adopted with strong support - but a few vociferous objections
- [Draft decision](#) proposed by Argentina, Barbados, Canada, Chile, Colombia, Ecuador, Kenya, Monaco, Panama, Peru, **Russian Federation**, South Africa, **Sri Lanka**, **Uruguay** and the **EU and its Member States**.
- During debate Australia, **China**, Fiji, Indonesia, Jamaica expressed support to co-sponsor.
- DG's reports [EB144/20](#), [EB144/20Add1](#) outline follow-up actions to 2018 HLM political declaration:
 - WHO will develop delivery plan to support national NCD responses, proposes subset of “NCD accelerators” to be presented to WHA
 - Scale up 3 flagship programmes: Mental health, Global Hearts including transfats elimination, Cervical cancer elimination
 - Support Member States in realising their commitment to promote fiscal measures - Annex 2 updates evidence base on soda taxes (Mexico, Chile, Berkeley, Philadelphia)
 - Developing Register of contributions of NSAs to 2025 and 2030 targets & new partnerships approach of UNIATF
 - Business sector dialogues: Food-Drink, Pharmaceuticals, Alcohol, Sports
 - Continuation of WHO independent High Level Commission on NCDs



5.8 Follow up to the health-related UN HLMs (2)



- Accountability: WHO developing Technical Note outlining new indicators to produce a **scorecard for each Member State** to measure implementation of commitments made at the 2011, 2014, and 2018 NCD HLMs. The scorecards produced in 2024 will be submitted as part of the SG’s report ahead of HLM4 on NCDs in 2025.
- Proposed workplan for the GCM to 2020: ([EB144/20Add1](#))
 - multi-stakeholder collaboration, partnerships and accountability via online platforms
 - improve understanding of the challenges in achieving SDG3.4
 - pilot capacity-building approaches to develop a technical package on how to establish or strengthen national multi-stakeholder dialogue mechanisms.
- Evaluation: NCD Global Action Plan was due for evaluation, including by a representative group of stakeholders, but has been “delayed due to financial constraints”

5.8 Follow up to the health-related UN HLMs (3)



Decision EB144(1) will be put forward for adoption at WHA72 in May

- Welcoming the political declaration from the HLM on NCDs, requesting WHO support for implementation
- Confirming objectives of WHO global action plan on NCDs and mental health action plan and **extending** the period of the action plans through **to 2030** to align with SDGs

Asks WHO DG to do more:

- **Propose updates to appendices** of WHO global action plan for prevention & control of NCDs and mental health action plan - **in consultation** with MS and stakeholders - *“ensuring that the action plans remain based on scientific evidence for the achievement of previous commitments”*
- Update a menu of policy options and cost-effective interventions to support MS in promoting **mental health and wellbeing** to be considered by WHA73 in 2020 (“Best Buys”)
- Prepare a new menu of policy options and cost-effective interventions to reduce premature deaths from **air pollution**, while recognising **all environmental determinants**, for consideration at WHA73
- Report to WHA73 on implementation of WHO global strategy to reduce harmful use of **alcohol** and propose ways forward

5.8 Follow up to the health-related UN HLMs (4)



Decision requests to DG (continued):

- Consolidate reporting on progress on NCDs in **annual reports from 2021-2031**, annexing reports on implementation of relevant resolutions, action plans and strategies
- Provide further concrete guidance to MS on health literacy via education and mass/social media campaigns to be presented to WHA in 2021
- Including in 2021, an **analysis of successful approaches to multisectoral action**, including those addressing social, economic and environmental determinants
- Collect and share **best practices for prevention of overweight and obesity**, including school food - report to WHA 2021
- Provide [more] **technical support to MS** on prevention, control and surveillance
- Make available adequate **financial and human resources** to respond to [increasing] demand from MS for technical support
- including identifying **voluntary innovative funding mechanisms - e.g. multidonor trust fund.**



5.8 Follow up to the health-related UN HLMs (5)



- **3 main issues in discussions: Best Buys - taxes, Industry engagement, Resources**
 - **Italy:** Strong objections expressed before and after the main discussion - despite being a cosponsor of the Decision as an EU member state
 - Objects to emphasis on Best Buys. Emphasises individual empowerment is central, current evidence not sufficiently robust, especially taxes on some foods
 - Asks that Annex 2 presented by WHO updating post-implementation evidence of SSB taxes in Mexico, Chile and parts of US be withdrawn - echoed by **USA**.
 - Does not support SHAKE (salt reduction) technical package
 - **Finland and a group of 12** supporting countries, including Nordics, Baltics, Sri Lanka, Thailand called for further action.
 - Particularly welcomed Best Buys updates and inclusion of air pollution and mental health measures. Should be evidence-based only, not subject to political negotiation.
 - Expressed concern about risks of involving private sector and esp alcohol industry, must demonstrate public health benefit, asks WHO to develop further - echoed by many others including Burundi, Australia, Thailand.
 - Several MS voiced support for inclusion of Annex 2 on **SSB taxes** including VietNam, Indonesia, Norway.
 - Several MS asked for a **global fund for NCDs**: incl Iran, Jamaica, Kenya, SIDs
 - **Many asked for increased WHO resources**, incl China, Mexico, Chile, Germany.

5.5 Universal Health Coverage (1)



EB144/12: Primary health care towards universal health coverage

- Summarises Astana Declaration on PHC. Strong health systems emphasising PHC allow systems to respond to global challenges, address the main risk factors, and help achieve UHC and health-related SDGs.
- EB noted the report and recommendation to focus on reorienting health systems around PHC and commitments made in Astana to prepare for UN HLM on UHC.

EB144/13: Community health workers delivering primary health care: opportunities and challenges

- [Resolution EB144.R4](#) adopted
- Proposed by Algeria, Botswana, Brazil, Canada, Ecuador, Ethiopia, Georgia, Kenya, Liberia, Luxembourg, Netherlands, Panama, South Africa, Switzerland, United States of America, Zambia and Zimbabwe
- Notes:
 - Security threats to health workers
 - Importance of women in the health and social workforce and for SDGs on equality and inclusive economic development
 - Launch (2018) of the World Bank's Human Capital project
 - Potential of digital technology.
 - Urges governments to allocate adequate resources, to strengthen implementation of WHO Global Code of Practice on international recruitment of health personnel, and to share data on density and distribution of health workforce.
 - Invites development assistance and international financial institutions to provide resources.

5.5 Universal Health Coverage (2)



EB144/14: Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage

- Focus on achieving universal health coverage (UHC) and health system strengthening, in addition to existing disease-oriented focus of health and development sectors. Main components of UHC: service coverage and catastrophic spending on health, including out-of-pocket spending that exceeds a household's ability to pay and impoverishing spending on health. Preparatory process for the first UN HLM UHC and outcome document. The EB is invited to note the report.

Draft resolution proposed by Bangladesh, Botswana, Canada, China, Finland, Georgia, Indonesia, Japan, Malta, Russian Federation, Sri Lanka, Switzerland, Thailand and Uruguay - **not published**

Contentious points in negotiations:

- Rights languages especially inclusion of Sexual and Reproductive Health *Rights* - **USA disassociated from SRHR paragraph** expressing concern that SRH services could be understood to include abortion
- TRIPS flexibilities
- Fiscal measures / food - similar to NCD discussion, some concerns about any mention of fiscal measures relating to food as means to prevent NCDs and/or generate resources for UHC

5.7 Access to medicines, vaccines and health products

- **Draft roadmap on access 2019-2023** ([EB144/17](#))
- Scope extends to all health products - medicines, vaccines, diagnostics, devices.
- Notes multiple challenges to equitable access including lacking R&D investment, weak procurement and supply chain management, inappropriate prescribing and irrational use, need for more effective policies.
- Proportion of health spending on medicines, 20-60% in some LMICs, recognised as a barrier to UHC, particularly noting increase of NCDs, growing financial burden
- Dual focus:
 - Quality, safety and efficacy - regulatory system strengthening, assessment, market surveillance
 - Improving equitable access - matching R&D to public health needs, IP, affordability, pricing, reducing waste in health systems, procurement, supply chain management, appropriate prescribing and rational use.
 - WHO developing a list of agreed indicators to improve access to quality health products, contributing to SDG indicator for access to medicines.



5.7 Access to medicines, vaccines and health products

- **Draft roadmap on access 2019-2023**
- Strong support for roadmap from EB members and other MS, notably
 - Germany - especially on regulatory strengthening
 - Australia - notes extension to diagnostic products, supporting medicines testing programmes in Pacific region
 - Benin for AFRO region - establishment of African Medicines Agency
- Concerns
 - USA welcomes efforts on supply chains and procurements. Concerns about allocation of resources, requests more clarification, and remit/mandate to work on IP and international trade issues.
 - Dr Tedros cited sources of mandate for WHO to work on these issues in coordination with WTO and WIPO.

Next steps: WHO asked to present draft roadmap with some clarifications and modifications to WHA72 in May.

5.7 Cancer medicines

- **WHO presented [report](#) as requested by Cancer Resolution WHA 2017**
- Broad recognition of price trends for medicines in all regions posing a barrier to access, and particularly acute for cancer medicines, even wealthiest MS
- Strong support for report from EB members and other MS, notably Australia, Brazil, Indonesia, Colombia, Thailand, Switzerland, Portugal and Italy.
- Concerns
 - Germany notes need to put in wider context, not only pricing, and to note in report wider health systems capacity issues. Request to actively engage Medicines Patent Pool (MPP) in voluntary licencing.
 - USA supports some of the recommendations on strengthening regulatory systems, recognising value, increasing competition. Any effort to lower prices must not lower incentives. Does not support increase R&D cost transparency or increasing use of TRIPS flexibilities because of impacts on innovation. Requests further consultation of MS and stakeholders before WHA.

5.6 Health, Environment and Climate Change

Documents:

- [EB144/15](#): Rigorous, comprehensive and ambitious Draft Global Strategy on Health, Environment and Climate Change
- [EB144/16](#): Draft global plan of action on climate change and health in small island developing States

Discussions:

- Drafts widely welcomed by EB members and Member States
- Concerns over WHO remit voiced by US and Brazil
- MS called for further consultation on the documents
- Need for health systems strengthening, one UN approach, addressing SDoH
- Need to empower both health professionals and general public was emphasised, capitalising on the fact that these issues are 'on the lips of the general public' - not always the case for issues discussed in WHO meetings!
- A number of MS called for the draft global plan of action on climate change in SIDS to not be only for SIDS, but for all
- Secretariat noted that climate change is an issue which is 'cross sectorial, cross border, and intergenerational', and that countries with the smallest carbon footprint bear the greatest burden

Next steps: WHO to present draft global strategy and plan of action to WHA72

6.5 Cervical cancer elimination



UICC collective call to action to eliminate cervical cancer

- [Decision EB144\(2\)](#) adopted, following Global call to action (May 2018) to eliminate cervical cancer, with strong civil society support, esp. [UICC](#)
- [Draft decision](#) proposed by Australia, Brazil, Canada, Colombia, Ecuador, India, Kenya, Monaco, Mozambique, New Zealand, Peru, Republic of Korea, South Africa, Sri Lanka, Ukraine, United States of America, Uruguay and the EU and its Member States
- Report ([EB144/28](#)) outlines current status of prevention and control
 - Notes cervical cancer is a “disease of social, economic and political disadvantage” with over 90% of deaths in LMICs, notes important co-morbidities with HIV.
 - Pathway to elimination: feasible in all countries with current tools
 - Indicators and targets - under development for all countries
- **Next steps:**
 - Decision tasks WHO with presenting draft global strategy for 2020-2030, action plan, targets, for adoption in 2020 (EB146, WHA73)

Accelerating the elimination of cervical cancer as a global public health problem

The Executive Board, having considered the report on accelerating cervical cancer elimination,¹ decided:

- (1) to note that urgent action is needed to scale up implementation of proven cost-effective measures towards achieving the elimination of cervical cancer as a global public health problem, including vaccination against human papillomavirus, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers and palliative care, which will require political commitment and greater international cooperation and support for equitable access, including strategies for resource mobilization;
- (2) to request the Director-General to develop, in consultation with Member States and other relevant stakeholders, a draft global strategy to accelerate cervical cancer elimination, with clear goals and targets for the period 2020–2030, for consideration by the Seventy-third World Health Assembly, through the Executive Board at its 146th session.

Thirteenth meeting, 30 January 2019
EB144/SR/13

Q&A



Takeaways from the Prince Mahidol Award Conference (PMAC)

Katie Dain
NCDA CEO

PMAC 2019: 29 January – 3 February, Bangkok, Thailand

- Annual conference ‘to discuss **high priority global health issues**, summarize findings and propose concrete solutions and recommendations’
- 2019 theme was ***The Political Economy of NCDs: A Whole of Society Approach*** - first time the conference has focussed on NCDs
- Participants included ministers, senior government officials, intergovernmental organizations, international development partners, global health initiatives, health policy and health systems researchers and advocates, civil society organizations and high-level stakeholders from developing and developed countries - low participation from unhealthy commodity industries, strong ‘activist’ voices including PHM
- Co-hosted by Prince Mahidol Award Foundation, Thai Ministry of Public Health, Mahidol University, WHO, World Bank, USAID, Japan Int. Cooperation Agency, Rockefeller Foundation, with support from other partners
- NCD Alliance on International Organizing Committee



Discussions

Over 50 side meetings in total, listed [here](#), followed by official programme. Discussions encompassed:

Unhealthy commodity industries:

- Calls for framework conventions - alcohol control and sustainable food systems
- Debate on the extent to which different unhealthy commodity industries should be engaged - or not - from policy development to implementation
- Robust support for combatting tactics used by unhealthy commodity industries (even comparing unhealthy commodity industries and NCDs to mosquitoes and malaria)

Financing:

- Suitability of a catalytic fund in low-resource settings

Accountability:

- Opportunities for NCD accountability mechanisms to be strengthened by work in other areas of health and development
- Not to allow lack of data to be an excuse to delay action
- Sensitivities around framing civil society as a 'watchdog' or 'holding governments to account' - in many countries, civil society must be seen to be supporting government and sharing good practice



Outcome: PMAC Statement



Statement

The Political Economy of Non-communicable Diseases: A Whole of Society Approach

We, Ministers of Health, representatives of government institutions, civil society organizations, communities, academia, the private sector and development partners, participants in the Prince Mahidol Award Conference 2019, gathered in Bangkok on 1-3 February 2019 to learn, share experiences and commit to act;

- “Health inequities within and between countries are politically, socially and economically unacceptable”
- ...need to protect public health policies for NCDs from undue influence by any form of real, perceived or potential conflict of interest / active industry interference
- Explicit mention of the Best Buys and potential financial and human savings (contrast to UNPD)
- “Alcohol remains the only psychoactive and dependence-producing substance with significant global impact on population health that is not controlled at the international level by legally-binding regulatory frameworks”
- Actions for national govts, development partners (including UN agencies), and civil society/academia
- Full statement online [here](#)

Q&A



NCD Alliance membership news: **'My NCDA Hub'**

Liz Arnanz
Partnerships & Membership Officer

'My NCDA Hub'

[View My Profile](#) [Change My Password](#) [Edit My Account Settings](#) [Log Out](#)

My NCDA Hub

- One login per organisation & different features
- Dashboard & menu
- Evolving platform!
 - Governance updates
 - Visibility & communications opportunities
 - Access to cutting-edge info and resources
 - Information and lead-up preps to events
- Wish to share something on dashboard?
membership@ncdalliance.org

...tly updating this area,

...digest, and bi-monthly
...le to access recordings

...our work; or if you would
...ough our communication
...but only upon approval

... (next one will take place
...resident and Board
...tegy and governance.

...ary, please submit your
...ore the deadline.

...th Assembly or High-
...onal meetings, among

...als, including our Annual
...er to fully list your
...online form you will find

RESOURCES FOR FULL MEMBERS

NCDA governance

Submit nomination for NCDA Board Member

Submit nomination for NCDA President

NCDA communications

Submit a blog proposal

Suggest a news item

Suggest an event listing

Submit a Job ad proposal

Request communications support for a World Day/Week

Repositories

NCDA Webinars (repository)

NCDA Members' Bulletin (repository)

NCDA Weekly Newsletter (repository)

Create or upgrade your webpage

News

A new **funding opportunity** from Management Sciences for Health (MSH), together with the global Civil Society Coordinating Group (CSCG) for the Global Financing Facility (GFF), which aims to support **civil society coalitions working on Women's, Children's, and Adolescents' Health (WCAH) and nutrition.**

Q&A



THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.



#NCDs @ncdalliance



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE