

NCD Alliance Webinar

Thursday, 17 January 2019



NCD Alliance

PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

Agenda

- Coming up soon
- NCD advocacy priorities for the WHO Executive Board
- Recent report on cancer medicines
- Learning from stroke prevention and co-morbidities

Speakers

- Chair: Nina Renshaw, Policy and Advocacy Director, NCD Alliance
- Jessica Beagley, Policy and Research Manager, NCD Alliance
- Priya Kanayson, Senior Advocacy Officer, NCD Alliance
- Shalini Jayasekar-Zurn, Senior Advocacy Manager, UICC
- Bo Norrving, Professor, Lund University and former President of WSO

What's ahead in January and February



Coming up

- **144th Session of the WHO Executive Board**
Thursday 24 January - 1 February
Provisional agenda and all documents available [here](#).
- **Prince Mahidol Award Conference (PMAC)**
Tuesday 29 January - Sunday 3 February
The [Prince Mahidol Award Conference](#) will be held in Bangkok on the theme *The Political Economy of NCDs: A Whole of Society Approach*
- ***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.

NCDA advocacy priorities in 2019

Nina Renshaw, Director of Policy and Advocacy



Advocacy Priorities in 2019

- National level **policy implementation, including Best Buys** (tobacco control, nutrition, alcohol, taxes, treatment)
- Shifting to a **5x5 approach** (mental health, air pollution): update Best Buys, monitoring and reporting
- NCD treatment access and **Universal Health Coverage** (UN HLM 2019): emphasise co-morbidities, meaningful involvement PLWNCDS
- **Financing** for NCDs: Multi-Partner Trust Fund for NCDs, innovative mechanisms
- **Commercial determinants** of health (CDoH)
- Aligning NCDs and other **SDG priorities** (e.g. RMNCAH, nutrition, climate, poverty, policy coherence) – incl GHAP





Accountability Priorities in 2019

- WHO **High Level Commission** on NCDs
- NCD **Countdown** 2030
- NCD Alliance **Accountability Toolkit**
- UN High Level Political Forum and **SDG review**



**NCD
Countdown
2030**

Health Policy



THE LANCET

Imperial College
London



NCD
Countdown
2030



NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4



Global push to cut deaths from cancer and heart disease wildly off course

Priority events 2019

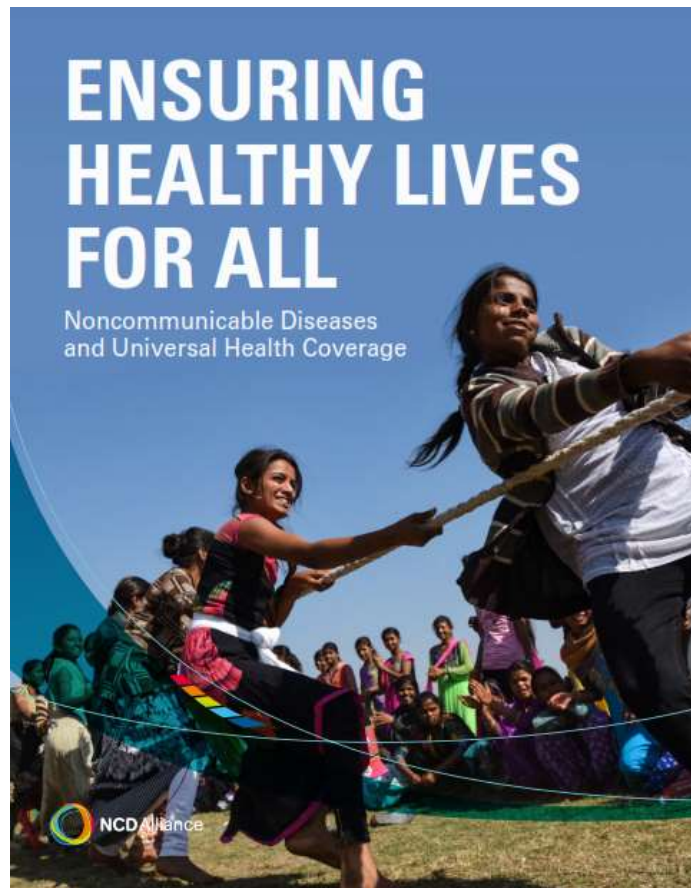
PMAC NCD Conference Bangkok, Thailand	29 January - 3 February 2019
AMREF Africa Health International Conference Kigali, Rwanda	5-7 March 2019
WHO World Health Assembly Geneva, Switzerland	20-28 May 2019
Women Deliver Conference Vancouver, Canada	3-6 June 2019
UN High-Level Political Forum New York, United States	9-15 July 2019
UN High-Level Meeting on Universal Health Coverage New York, United States	23 September 2019
UN General Assembly UN Climate Summit (23/9) UN SDG Summit / HLPF (24-25/9) UN Financing for Development Summit (26/9) New York, United States	September 2019

UN HLM on UHC, Sept 2019

- First **UN HLM on UHC in September 2019**
 - “Moving toward building a healthier world”
 - [Modalities](#) already negotiated and agreed, but date being re-discussed (likely 23rd instead of 26th September)
 - One day meeting with opening & closing segments, plenary, two multi-stakeholder panels (themes still TBD)
 - Preparations will include an interactive multi-stakeholder hearing, by end of July 2019
- Outcome: **Political Declaration**
 - Negotiations likely to start Spring 2019, but may begin after WHA
- Negotiated by New York missions
- Will be extremely difficult!

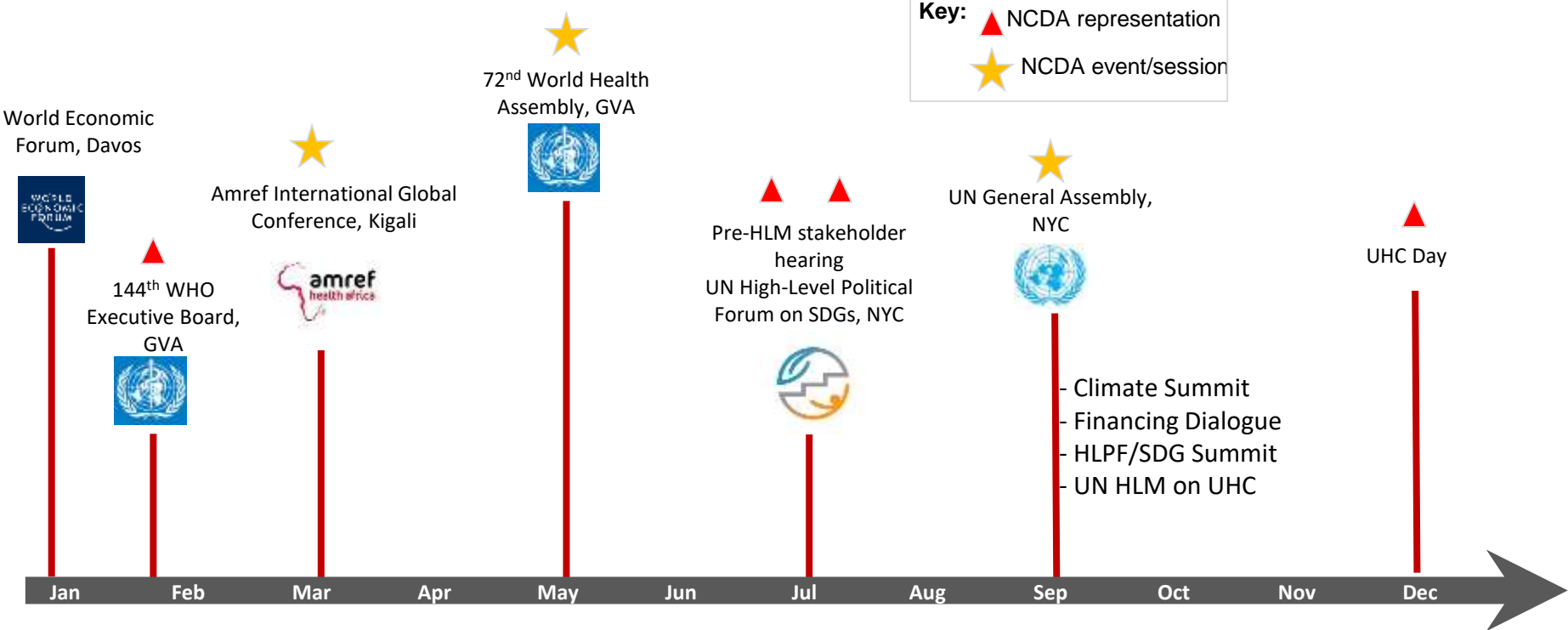


Updated NCDA Policy Brief on NCDs and UHC



<https://ncdalliance.org/resources/ensuring-healthy-lives-for-all-ncds-and-uhc>

Key events in the lead up to UHC HLM



Q&A



NCD priorities for WHO Executive Board

24 January – 1 February 2019

Policy, Advocacy and Accountability team

144th Session of the WHO Executive Board

Papers of interest

- **Implementation of the 2030 Agenda** ([EB144/11](#))
- **Universal health coverage**
 - Primary Health Care ([EB144/12](#)), Community health workers ([EB144/13](#))
 - Preparations for UN HLM on UHC ([EB144/14](#))
- **Medicines, vaccines and health products**
 - Access to medicines and vaccines ([EB144/17](#)), Cancer medicines ([EB144/18](#))
- **Follow-up to the high-level meetings of the UN General Assembly**
 - Antimicrobial resistance ([EB144/19](#))
 - **Prevention and control of NCDs** ([EB144/20](#))
 - Tuberculosis ([EB144/21](#))
- **Accelerating cervical cancer elimination** ([EB144/28](#))
- **Health, environment and climate change**
 - Draft WHO global strategy on health, environment and climate change ([EB144/15](#))
 - Draft global plan of action on climate change and health in SIDS ([EB144/16](#))
- **Human resources for health** ([EB144/26](#))
- **Health of migrants and refugees** ([EB144/27](#))
- **WHO reform and Engagement with NSAs** ([EB144/36](#))
- **Proposed programme budget 2020-2021** ([EB144/5](#), [EB144/6](#))



5.4 Implementation of the 2030 Agenda



Progress report on health-related Sustainable Development Goals, summarizes global and regional progress made by Member States towards SDG3 and on resolution [VHA69.11](#). The EB is invited to note the report.

Key Messages:

- **Strengthen health systems to respond to the increasing burden of NCDs and co-morbidities:** Weak health systems remain an obstacle to progress. Stronger and resilient health systems required to ensure access to basic health services, including NCD prevention, treatment and care. Health systems must deliver integrated services that address co-morbidities, e.g. NCDs, HIV/AIDs, TB, maternal health condition, etc.
- **Facilitate multi-sectoral partnerships with relevant actors:** Health in All Policies approach required, cooperation and coordination particularly outside the health sector. Essential to engage all relevant actors whose outputs have an impact on health to deliver a coordinated approach, and that partners no longer work in silos.
- **Bust silos in global health and SDGs:** Link to **SDG3 Global Health Action** plan to *align, accelerate and account* for action on health between 11+ UN organisations and initiatives - *in consultation early 2019, to be finalised by September*

5.5 Universal Health Coverage



EB144/12: Primary health care towards universal health coverage

- Summarises Astana Declaration on PHC on 40th anniversary of the Declaration of Alma-Ata. 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. The EB is invited to note the report and 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

- Importance of a well resourced and trained health workforce, which, in many countries, is comprised of community health workers. Key challenges faced by community health workers and opportunities and policy options to help ensure this critical component of many health systems is well-supported. The EB is invited to note the report.

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.

5.5 Universal Health Coverage, cont.

Key Messages:

- **Ensure a lifecourse approach to health that spans the continuum of care:** UHC must not focus solely on the care component; it must cover health promotion, prevention, screening and diagnosis, treatment and care, including rehabilitation and palliative care. Lifecourse approach enables health systems to deliver the care people need at various stages of life, and help systems address co-morbidities.
- **Increase resources for health and UHC, ensuring sustainable financing:** Fiscal policies for unhealthy commodities such as taxes on sugar, tobacco, alcohol (STAX) and fossil fuels can provide governments with a win-win solution. Revenue to invest in the health system and reduction of consumption/exposure to risk factors.
- **'One Health' agenda:** The HLM on UHC is an opportunity to highlight the interlinkages between all health issues, especially those from previous UN High-Level Meetings (HIV/AIDS, NCDs, TB, AMR), showcasing how action on one determinant or risk factor can be cost-effective and result in benefits for multiple diseases or conditions.
- **Amplify the voices of the people most affected and their carers, young people and marginalised populations:** UHC must take into account the needs of the people most affected by poor health, risk factors, and outcomes. Meaningful involvement of people living with HIV, tuberculosis, and NCDs, together with their carers; young people; and marginalised populations such as women and children and indigenous peoples in all stages of programme planning, development, implementation, and evaluation.

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.

5.7 Access to medicines, vaccines and health products

- **Draft roadmap on access 2019-2023**

- Aims:

- Financing *“support countries’ ability to allocate resources more effectively through evidence-based decisions to ensure that cost-effective health products are included in a country’s EML, essential diagnostics list or reimbursement lists and through more efficient procurement and supply processes and rational use of medicines. Support for fair pricing and policy implementation to reduce out of pocket expenditures will also be provided”*
- Governance: stronger governance and accountability to reduce inefficiencies, distortion of competition, undue influence, corruption, waste and fraud and to improve access to vital information about products.

- WHO developing a list of agreed indicators to improve access to quality health products, contributing to SDG indicator for access to medicines.

5.8 Follow up to the health-related UN HLMs



- Report includes main outcomes of the NCD Political Declaration:
 - 14 new commitments by Heads of State and Government
 - Move to 5x5 approach including air pollution and mental health
 - Progress report required by 2024, for NCD HLM4 in 2025
- 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 trans fats 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
- Political champions approach

[Reports available here:](#)

Antimicrobial resistance: [EB144/19](#)

NCDs: [EB144/20](#), [EB144/20 Add.1](#)

Tuberculosis: [EB144/21](#)

5.8 Follow up to the health-related UN HLMs



- 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.
- The EB asked to consider a 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”

[Reports available here:](#)

Antimicrobial resistance: [EB144/19](#)

NCDs: [EB144/20](#), [EB144/20 Add.1](#)

Tuberculosis: [EB144/21](#)

5.8 Follow up to the health-related UN HLMs



- EB draft Decision - ***in negotiation*** - on HLM NCD follow-up
 - Co-sponsored by Argentina, Ecuador, Estonia, Finland, Russia, Slovenia, Uruguay (...)
- Proposes clear, timebound follow-up actions operationalising HLM progress:
 - Extend timeframe of WHO action plans on NCDs and Mental health from 2020 to 2030 to align with 2025 and 2030 goals
 - Requests WHO to update Appendix 3 list of recommended interventions to scientific progress
 - Requests additions to list for mental health and air pollution
 - Requests DG to report to EB on progress on Global Strategy to reduce harmful use of alcohol

Reports available here:

Antimicrobial resistance: [EB144/19](#)

NCDs: [EB144/20](#), [EB144/20 Add.1](#)

Tuberculosis: [EB144/21](#)

5.8 Follow up to the health-related UN HLMs, cont.

Key Messages:

- **Keep up momentum to HLM4 - progress to 2025, not procrastination:** Accountability of governments to deliver on commitments and 25x25 and 2030 targets. Support implementation of technical packages. Evidence base is strong and increasing as basis for action for Member States to save and improve lives.
- **Elevate voices of PLWNCDs, young people, marginalised populations:** 2018 NCD Political Declaration calls on government to promote and amplify the voices of civil society and especially people living with NCDs, for a people-centred approach. Guarantee meaningful involvement of PLWNCDs, young people, and marginalised groups, such as women and indigenous peoples, throughout policy and programme development and implementation.
- **Secure sustained financing for NCD response:** Chronically underfunded vs. urgency, affected population, economic and social burden. Proven, evidence-based cost-effective interventions to reduce exposure to risk are cost-effective with impressive return on investment. Double dividend of fiscal measures to reduce exposure, disease burden and generate revenues.

5.8 Follow up to the health-related UN HLMs, cont.

Key Messages, cont.:

- **Promote implementation of *all* cost-effective interventions for the prevention and control of NCDs:** Caution against reducing Best Buys to a smaller subset of “NCD accelerators” - governments need biggest toolbox of measures most effective in national contexts. Inclusion of some of the most effective measures - esp. fiscal measures and food labelling - will be attacked due to the undue influence of unhealthy commodity industries.
- **Expand toolbox to include mental health and air pollution** as part of the ‘5x5’ response in order to present Member States with a full package of evidence-based and cost-effective interventions, which should be implemented in full in order to not only help achieve SDG3.4 but SDGs on health more broadly.
- **Caution when engaging the private sector in the NCD response:** Not a homogenous group. Increased consideration must be given to any real or perceived conflict of interest. Particular concerns about sectoral dialogues, esp alcohol. The negotiations for the NCD HLM illustrative of close ties of some lobbies with governments driven by trade in unhealthy commodities, resulting in weakened language, creating obstacles to commitments to health in all countries.

6.5 Cervical cancer elimination

- 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.
- Global call to action launched in May 2018 to eliminate cervical cancer, with strong civil society support
- Pathway to elimination: feasible in all countries with current tools
- Indicators and targets - under development for all countries

- EB draft Decision prepared by member states - ***in negotiation***
 - Co-sponsored by Australia, New Zealand, Kenya, USA, Brazil, Ukraine, Sri Lanka, Mozambique (likely many more)
 - Supporting ambition to eliminate
 - Tasks Secretariat with finalising global strategy, action plan, targets, for adoption 2020 - to 2030

5.6 Health, Environment and Climate Change

Documents

- Rigorous, comprehensive and ambitious Draft Global Strategy on Health, Environment and Climate Change. The EB is invited to provide further comments and guidance on the strategy. [EB144/15](#)
- Draft global plan of action on climate change and health in small island developing States through extensive consultation with Member States. [EB144/16](#)

Key Messages:

- **Reallocate funds from fossil fuel fiscal reform to be invested in health:** taxation of fossil fuels, or the removal of subsidies, reduces exposure to air pollution and risk of climate change and can generate revenues which can be invested in UHC or other health priorities.
- **Recognise and address the tactics used by the fossil fuel, automotive and aviation industries:** FCTC article 5.3 demands protection of health policy-making from vested interests of the tobacco industry. Climate change would merit a similar approach.
- **Consider mitigation alongside adaptation:** Just as the health sector has equal role in promoting both prevention and control of NCDs, health sector involvement in climate change mitigation must be considered in addition to 'reactive' measures of health sector adaptation and resilience.
- **Expand evidence for cost-effectiveness of co-benefit interventions:** Governments should be encouraged to invest in co-benefit solutions for health promotion and climate change mitigation if presented with evidence on the savings which will be made - both in terms of economics and human lives.
- **Promote Health Impact Assessment, tools, framework:** Require a Health in all Policies approach across all government departments, to ensure policy measures benefit, rather than damage, health.
- **Provide and promote guidance on establishing cross-sectoral governance structures:** Greater coordination between health and non-health sectors at local, national, regional and global, as part of a 'massive prevention effort'.

6.3 Human resources for health

Documents [EB144/25](#) and [EB144/26](#)

Report [EB144/26](#) on progress made towards WHO Global Strategy on Human Resources for Health: Workforce 2030, adopted by WHA69.

Key Messages:

- **Develop and promote postgraduate training curricula to enable health professionals across disciplines to provide NCDs services:** continually reinforce and expand knowledge of health care professionals across disease areas, to ensure the integration of NCD prevention and care delivery into existing platforms and service providers.
- **Provide guidelines and share good practice in task shifting, task sharing, and coordination across health professionals:** NCD prevention (including through community education) and screening, as well as certain treatment services are often tasks which can be completed by nurses, community health workers and pharmacists. Provision must be made for appropriate remuneration.
- **Strengthen mechanisms for data collection:** While there are many challenges in data collection on health professional density, collect where possible data on the specialisms of secondary and tertiary health professionals to monitor how these compare to national disease burden.



6.4 Promoting the health of migrants and refugees

Draft Global Action Plan to Promote the Health of Refugees and Migrants from 2019-2023

Document [EB144/27](#)

- The Board is invited to provide further guidance on the development of the draft global action plan
- Prevention and rights mentioned early on in paper

Strategic options for action outlined in the plan create good foundation for comprehensive approach including NCDs:

1. Reduce mortality and morbidity among refugees and migrants through short and long-term public health interventions
 - NCD prevention and control and mental health are prominent
 - No mention specifically of access to medicines and therapies for NCDs
2. Promote continuity and quality of care, while developing, reinforcing and implementing occupational health and safety measures
 - Focus on primary care, but mention of secondary and tertiary care and importance of referral systems
3. Advocate mainstreaming refugee and migrant health in the global, regional and country agendas
 - NCDs not explicitly mentioned, but recommended structures valuable - including resource mobilisation and reinforced data collection
4. Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage
 - Clear benefit for NCDs
5. Support measures to improve communication and counter xenophobia



10.1 Outcome of 2nd International Conference on Nutrition

Second biennial DG report on the Outcomes of the Second International Conference on Nutrition and the implementation plan of the Report from the Commission on Ending Childhood Obesity [EB144/50](#).

- Positive policy developments and financial commitments made by some Member States and UN agencies to tackle malnutrition in all its forms; the formation of Action Networks to accelerate and align policy.
- **Insufficient and uneven progress** on addressing malnutrition in all its forms at national level - several areas requiring intensified action to tackle malnutrition in all its forms.
- Looks ahead to the 2020 Nutrition for Growth Summit.

Key Messages:

- Call on Governments **intensify actions** according to the Director General's recommendations;
- Set more ambitious **SMART commitments with win-win benefits** for all forms of malnutrition;
- Call for **policy coherence and multisectoral actions** which bring double or triple duty benefits for nutrition & to other development challenges;
- **Protect policymaking from conflict of interest and industry interference**; and to **increase domestic and international financing for nutrition and NCDs**.

Other developments supporting Nutrition Policy

Also worth noting the recent United Nations General Assembly (UNGA) resolution [73/132: Global health and foreign policy: a healthier world through better nutrition](#), adopted on 13 December 2018.

7.1 WHO Reform

WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform

Documents: [EB144/31](#) [EB144/32](#) [EB144/33](#) [EB144/34](#)

- Report [EB144/34](#) is of particular relevance for **non-State actors** working on NCDs - contains new measures relating to the participation of non-State actors in governing body meetings (item E) and a concept note for participation of non-State actors in WHO governing body meetings including a proposal for an informal forum
- Result of informal Member State consultations held in Geneva on the 13-14 September and the 23-24 October.

Key messages:

- **Flexibility on timelines for statement submission is necessary:** Submission of statements by NSAs two weeks before meeting allows Member States to consider the advocacy priorities raised, but important to allow for these statements to be updated to reflect e.g. new decision texts which are negotiated by MS in the days prior to a given agenda item being discussed.
- **Coordination required for joint statements by non-State actors should be taken into account:** While the preparation of joint statements has many advantages including collaboration across different non-State actors, increased impact, and limited repetition, this is time consuming, and provisions should be made in light of this.
- **The opportunity offered by an informal forum for non-State actors for more meaningful dialogue with Member States is greatly appreciated:** We commend the reference made to the fact that such a meeting is an additional opportunity for interaction, and is not intended to replace current participation by non-State Actors in WHO governing body meetings.
- **Further information on a the strength of the mandate for Member States to send a representative to the meeting should be outlined:** There is little to no benefit to holding a forum if non-State actors are not able to interact with Member State representatives from their country.
- **The scheduling of the informal forum must allow for maximum participation by both Member States non-State actors.**

5.1 Proposed programme budget 2020-2021

- [EB144/5](#) **Draft proposed programme budget** - in line with GPW13
- Increased impact orientation, national level - monitoring, measuring
- More integrated, health-systems orientated
- Increase accountability of WHO and member states for progress

- [EB144/6](#) Explanatory document on logic of budget design, **new strategy and implementation planning**

- [EB144/7](#) **Proposed WHO impact framework** - 3 layers
 - a) Healthy life expectancy indicator - comparable, national level
 - b) triple billion targets: UHC, emergencies, population health
 - c) 46 programmatic targets and indicators

5.1 Proposed programme budget 2020-2021

- **Triple billion - Proposed WHO impact framework**
 - **UHC index:** Service coverage + Financial hardship
 - Annex 1: Tracer indicators
 - Annex 2: Coverage indicators incl NCD treatments and management, dental care, mental health care, palliative care
 - **Health emergency protection index:** Prepare + Prevent + Detect & Respond
 - **Healthier population index:** lives touched + lives improved (DALYs) - *still in development*
 - Annex 3: indicators including exposure to risk factors (incl air pollution, climate change), key outcomes - but excluding e.g. sugar intake /dental caries, other environmental risks, musculoskeletal indicators, occupational health, mental health, etc, etc.
 - Annex 4: Programmatic targets to 2023, related indicators including many for NCDs - but some important gaps

WHO 144th Executive Board

Additional points of interest

- 5.8 Reports from HLMs on TB and AMR
- 5.9 Revision of International Classification of Diseases
- 6.2 (Technical matters) Mechanism on substandard and falsified medicines
- 6.3 Human resource for health – report on WHO Code of Practice on international recruitment of health workers and report on Workforce 2030 strategy
- 6.6 Global action on patient safety and WASH

- 7.1 (governance, admin) WHO reform (additional papers to the one covered today)
- 7.3 Engagement with Non-State Actors – annual report on FENSA

WHO EB Advocacy Priorities in a nutshell...

At this year's EB we will:

- Continue to advocate for strong follow up and implementation of the commitments made in the Political Declaration of the 2018 HLM on NCDs;
- Support the development of cost-effective interventions for mental health and air pollution as part of the expanded '5x5' NCD agenda;
- Call for a lifecourse approach to universal health coverage that spans the continuum of care;
- Insist on meaningful involvement of PLWNCDs,
- Focus on the commercial determinants of health and the need to implement STAX and fiscal policies for fossil fuels

WHO EB Advocacy Priorities in a nutshell...

What you can do:

- Let us know if you are attending the EB
- Share your advocacy priorities and planned statements for the EB, and update us with relevant intelligence
- Share the NCD Alliance advocacy messages with your government contacts and Member States in Geneva

A comprehensive **EB advocacy briefing and NCDA statements** will be shared with our members and partners.

For those not attending in person:

- All sessions will likely be webcast (more info [here](#))
- Follow NCDA on [twitter](#) for the latest updates

Q&A



Recent report on cancer medicines

**Ms Shalini Jayasekar-Zurn, Senior Advocacy
Manager, UICC**



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Pricing of cancer medicines and its impacts

WHO Technical report

“We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda.”



Pricing of cancer medicines and its impacts

- Introduction
- The (i) Executive summary and (ii) the full report
- Purpose of this report
- Scope and methods
- Structure
- Conclusions

Pricing of cancer medicines and its impacts

The report is divided into the following sections;

- Benefits and risks of cancer medicines
- Pricing approaches for cancer medicines
- Impact of pricing approaches
- Options that might enhance affordability and access

You can access the [executive summary document here](#) and the [full report is available here.](#)

Thank you

Shalini Jayasekar Zurn

Advocacy, UICC
jayasekar-zurn@uicc.org

www.uicc.org



Union for International Cancer Control

31-33 Avenue Giuseppe Motta, 1202 Geneva, Switzerland

T. +41 (0)22 809 1811 F. +41 (0)22 809 1810

E. info@uicc.org www.uicc.org

Q&A



Learning from stroke prevention and co-morbidities

Prof Bo Norrving, Professor, Lund University
and former President of WSO



Acting on Stroke and NCDs

An integrated response through people-centred health systems



A policy brief on the

- impact of stroke in the society,
- need for awareness
- need for prevention and treatment

A comprehensive and integrated approach within the NCD framework

Over the past 20 years, stroke has climbed to the second leading cause of disability and death worldwide

Stroke is highly preventable:

90 % of all strokes are linked to ten risk factors (all modifiable)

Most stroke patients have several co-morbidities

Stroke is a "prototype" NCD



From 1995 to 2018: A remarkable period of acute and secondary preventive therapeutic advances:

Organized stroke care (Stroke units)

Acute therapies

- iv Thrombolytic therapy
- Hemicraniectomy
- Endovascular therapy

Secondary prevention

- Carotid endarterectomy and stenting
- Other antiplatelet trials
- Anticoagulants for stroke with atrial fibrillation
- NOACS
- Blood pressure lowering
- Statins



Add to this advances in rehabilitation

Hugh implementation gaps in all world regions

How healthcare systems can respond to the challenges posed by stroke and NCDs

1



Invest in prevention

2



Ensure access to acute and chronic specialty care

3



Strengthen primary healthcare (PHC) network

4



Implement the WHO HEARTS Technical Package

How can civil society organisations take action to improve healthcare for stroke and other NCDs?

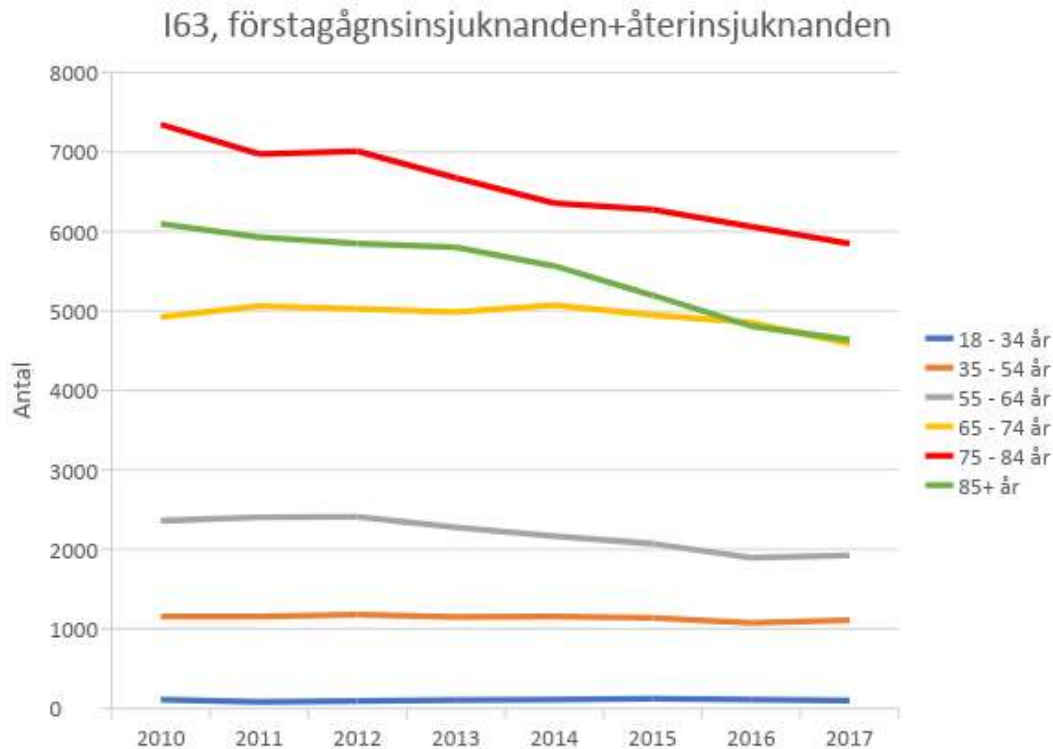
- Raise awareness of stroke within the context of NCDs
- Identify local, national and regional champions
- Form multi-stakeholder partnerships
- Hold national governments, service providers, and international organisations accountable to their commitments.



Link to the [full policy brief](#)

The recent Swedish experience of stroke prevention:

From 2010 to 2017, number of strokes declined by 17 % = **one in six**



From 22 000 to 18 000
Ischemic strokes per year:
4 000 less strokes per year

Accumulated from 2011
through to 2017: **14 000**
strokes prevented

Savings for the society:
>1 billion EUR

Causes of the decline:
Under study, **multiple**
reasons

Source: Swedish Stroke Register Annual Report, Oct 2018.
www.riksstroke.org

Q&A



THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.



#NCDs @ncdalliance



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE