

# The NCD Alliance

Putting non-communicable diseases  
on the global agenda

## NCD Alliance Webinar Wednesday 22 July 2015



**International  
Diabetes  
Federation**



International Union Against  
Tuberculosis and Lung Disease  
*Health solutions for the poor*



**WORLD HEART  
FEDERATION®**



**Alzheimer's Disease  
International**



FRAMEWORK CONVENTION  
**ALLIANCE**

## **Moderator:**

**Cary Adams**, CEO, UICC and Chair, NCD Alliance

## **Speakers:**

**Dr. Jim Cleary**, University of Wisconsin

**Ariella Rojhani**, NCD Alliance

**Alena Matzke**, NCD Alliance

**Shoba John**, Programme Director, HealthBridge;  
Consultant to NCD Alliance



# Agenda

1. Preparations for 2016 UNGASS
2. Global Development Campaign
3. Global Coordination Mechanism
4. Global NCD Alliance Forum and preparatory meetings

# UNGASS on Drugs April 2016



# UNGASS Process

- The international community has decided that the UNGASS will adopt a “short, substantive, concise and action-oriented document comprising a set of operational recommendations...including... ways to address long-standing and emerging challenges in countering the world drug problem.”
- The Commission on Narcotic Drugs, which is leading the process, has asked that countries to submit their priorities for this outcome document by September 11, 2015.

# UNGASS Agenda Items

1. drug prevention and treatment,
2. HIV prevention,
3. drug-related crime,
4. money laundering
5. international cooperation on criminal matters
6. Availability of controlled medicines

Ensuring the availability of controlled substances for medical and scientific purposes while preventing their misuse and diversion is a fundamental objective of the UN drug conventions and an obligation for Member States. To date, however, few countries have achieved this objective.

2014 INCB Annual Report: 5.5 billion people live in countries with “low levels of, or non-existent access to,” controlled medicines, and have “inadequate access to treatment for moderate to severe pain.”

WHO estimates that 5.5 million people with terminal cancer suffer moderate to severe pain without access to treatment each year. On the other hand, INCB has expressed concern about the misuse of controlled medicines, noting that in some countries it had “reached or overtaken the levels of abuse of illicit drugs.”

On the other hand, INCB has expressed concern about the misuse of controlled medicines, noting that in some countries it had “reached or overtaken the levels of abuse of illicit drugs.”

Although UN bodies and agencies have repeatedly expressed concern about the limited availability of controlled medicines, a concerted, multi-sectorial response has yet to be implemented. Progress on this issues requires a whole-of-UN response, as it involves regulatory and enforcement infrastructure, health system strengthening, including health worker training, and development-related measures.

These include the CND, ECOSOC, INCB, UNODC, WHO and the World Health Assembly.

# Recommendation 1

Recognizing that ensuring the adequate availability of controlled substances for medical and scientific purposes for the relief of pain and suffering, as well as preventing their misuse and diversion, is a key objective of the UN drug control conventions and global drug policy.

Preamble 1961 Single Convention on Narcotic Drugs; CND resolutions 53/4 and 54/6.

## Recommendation 2

Recognizing the existence of an enormous gap between the Single Convention goal of adequate availability, and actual medical need in much of the world, while diversion and misuse have become significant challenges in some other countries.

## Recommendation 3

Recognizing the need to significantly increase coordinated, multi-sectorial efforts to realize the Single Convention goals with respect to medical use of controlled substances.

WHA resolution 67.19; INCB 2014 Annual Report; INCB Supplement 2010; CND resolutions 53/4 and 54/6; ECOSOC resolution 2005/25.

## Recommendation 4

Recognizing the leading roles of the World Health Organization as the primary specialized agency for health; the International Narcotics Control Board, the quasi-judicial expert body responsible for ensuring the availability of controlled substances for medical and scientific purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs; and UNODC, as the primary specialized agency on drugs.

## Recommendation 5

- Commits to a concerted UN-wide effort
- Requests WHO & UNODC to work together
- Requests WHO & UNODC to develop Action Plan  
specific objectives in cooperation with Member  
States , UN Agencies & Civil Society:  
CND/WHA 2017
- Requests Secretary-General to report back to GA in 2019

## Conclusion

- The 2016 UNGASS on the World Drug Problem is an extraordinary opportunity to set in motion this kind of response.
  - The undersigned organizations therefore propose that the outcome document of the UNGASS call for the establishment of an action plan to address this long-standing challenge.
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## Signed.....

African Palliative Care Association

Asia-Pacific Hospice and Palliative Care Network

European Association for Palliative Care

Hospice and Palliative Care Association of South Africa

Human Rights Watch

International Association for Hospice and Palliative Care

International Association for the Study of Pain

International Children's Palliative Care Network

Kenya Hospice and Palliative Care Association

Latin American Association for Palliative Care

Non-Communicable Diseases Alliance

Pain and Policy Studies Group

Pallium India

Union for International Cancer Control

Worldwide Hospice Palliative Care Alliance

Q&A



# Global Development Campaign Update



# Overview

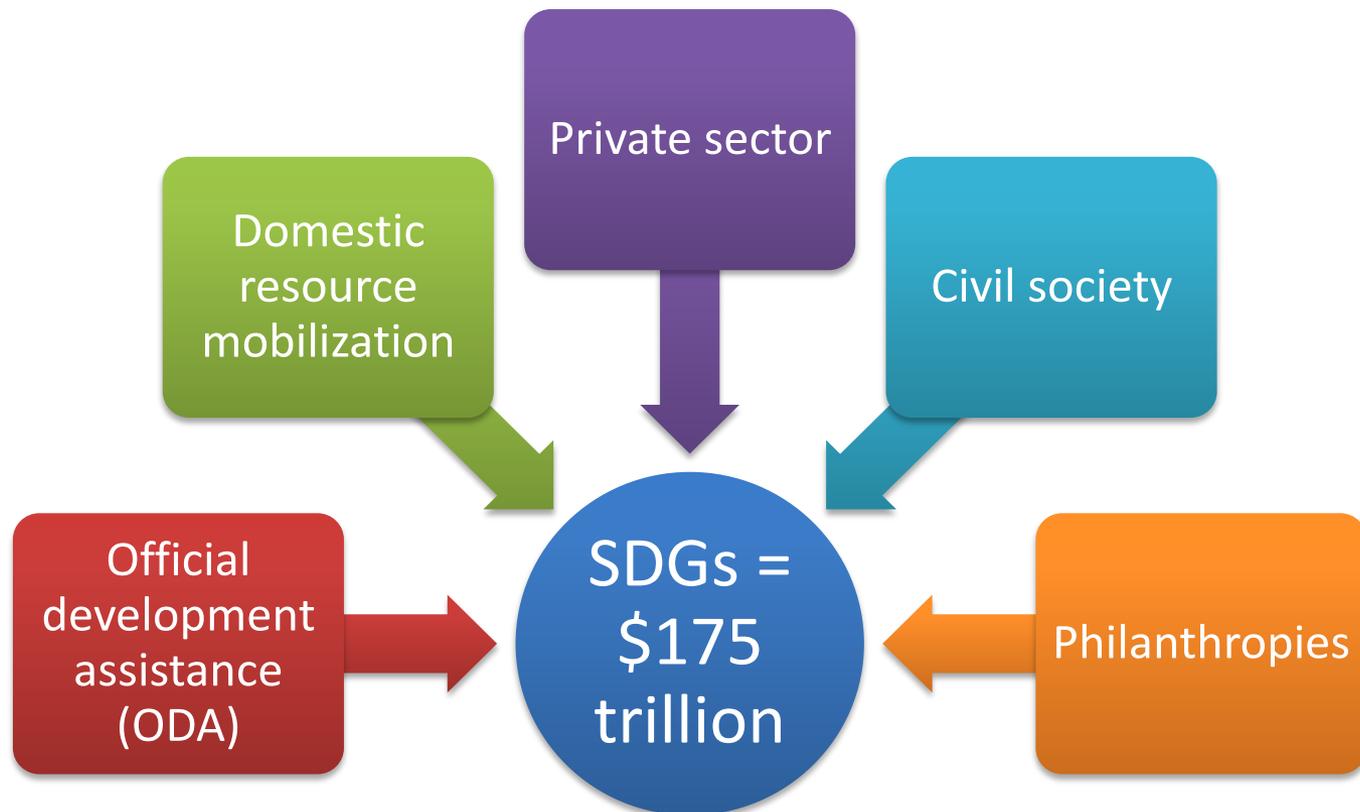
- 1. Third International Conference on Financing for Development (FfD)**
  - 2. Update on Post-2015 intergovernmentals**
  - 3. Indicators for SDGs**
  - 4. Planning for the September Summit**
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# 3<sup>rd</sup> International Conference on Financing for Development



# Summary: 3<sup>rd</sup> International Conference on Financing for Development (FfD3)

- **13 – 16 July 2015** in Addis Ababa, Ethiopia
- **Purpose:** A framework for financing for development to support full post-2015 implementation
- **Ambitious, inclusive, balanced**



# Summary: 3<sup>rd</sup> International Conference on Financing for Development (FfD3)

- Negotiations since February 2015
- “A paradigm shift in development finance”
- **Critical issues:**
  - Important “**catalytic**” role of **ODA** within development finance
  - Strengthening **domestic resource mobilization**
  - Increased role of **the private sector** (investment, partnership, etc)
  - Addressing **means of implementation** for post-2015
- **Outstanding issues going into Addis:**
  - Upgrade of international tax committee
  - Common but differentiated responsibility
  - Follow up and review and fit within post-2015



**Open document sent to Addis**



**FINANCING FOR  
DEVELOPMENT**  
13-16 JULY 2015 · ADDIS ABABA · ETHIOPIA  
TIME FOR GLOBAL ACTION

# Summary: 3<sup>rd</sup> International Conference on Financing for Development (FfD3)

- [Addis Ababa Action Agenda](#) (AAAA) agreed Wednesday evening
- **Critiques:**
  - No concrete deliverables
  - Not ambitious enough for post-2015
  - Over-reliance on private sector
  - Poor/no governance reforms
- **On the bright side...**
  - Financing and sustainable development more closely linked
  - Technology Facilitation Mechanism and infrastructure forum
  - Emphasis on coherence, coordination



Information about the FfD3 Conference can be found [here](#).

# Summary: 3<sup>rd</sup> International Conference on Financing for Development (FfD3)

## Outcomes for NCD community:

- **Strong health and NCD language**
  - Deliver **essential public services for all**, including health
  - Recognize the **enormous burden of NCDs** on developing and developed countries
  - Funds and tools **for public health resilience**
  - Support **partnerships** for health
  - Reference to **health system strengthening, UHC**
  - **R & D** for NCDs, access to meds (TRIPS), vaccines
- **References to FCTC and tobacco taxation**
  - **Tobacco taxation** recognized as revenue source, tool to improve health outcomes
  - Strengthen implementation of **FCTC**

Click [here](#) for the NCD Alliance, The Union, WLF, FCA, and CTFK press release

# Summary: 3<sup>rd</sup> International Conference on Financing for Development (FfD3)

## Activities at FfD3:

- **WHO side event on 13 July**
  - Focused on health financing, needs for UHC and NCDs
  - Launched advocacy document on tobacco taxation, interim report of the GCM working group on financing
- **NCD Alliance/Denmark/Tanzania side event on 14 July**
  - *Sustainable financing for health and NCDs in post-2015*
  - Discussion on best practices for raising domestic revenue, maximising existing available resource, public-private partnerships
  - Recommendations: Need increased tobacco taxation, alcohol taxation, better monitoring of NCD resources
- **Launch of Global Financing Facility in support of EWEC**



# Summary: 3<sup>rd</sup> International Conference on Financing for Development (FfD3)

- **Other notable commitments**
  - Strengthen **mobilization of domestic resources**
  - Reaffirmed target of **0.7% GNI for ODA**
  - Consider target of **.15-.20% of ODA/GNI** for least developed countries (LDCs)
  - **Improve tax systems:** collection, efficiency, transparency
  - Focus on **science, technology, innovation, and capacity building**
  - Emphasis on **better data**
- **Unresolved:**
  - **Follow up and review**
  - **Common but differentiated responsibility**
  - **Relationship to post-2015, COP21**
  - **Level of ambition???**



# Post-2015 intergovernmentals



# Intergovernmental Negotiations

19-21  
January

**Stocktaking**

17-20  
February

**Declaration**

23-27  
March

**Sustainable Development Goals and targets**

20-24  
April

**Means of implementation and global partnership**

18-22  
May

**Follow-up and Review**

22-25  
June

**Final negotiations on the outcome document**

20-24;  
27-31  
July

**Final negotiations on the outcome document**

**25-27 September 2015 – Summit with Heads of State**

# June and July IGN sessions

- **22 – 25 June** and **20-31 July 2015**, UN HQ in New York

## Outcome Document to adopt the Post-2015 Agenda:

### Preamble

- Means to communicate the intention of agenda
- “5 P’s” – people, planet, prosperity, peace, pship

### Declaration

- Visionary call to action for all,
- Introduces the new agenda

### SDGs and targets

- As agreed by the OWG
- Includes means of implementation targets

### Means of Implementation and Global Partnership

- Linked to FfD3 outcomes
- Global partnership to implement the agenda

### Follow up and Review

- Monitoring progress at all levels
- Based on shared principles, global indicators

# June and July IGN sessions

- Using these weeks to react to draft Post-2015 Agenda
- Zero draft was a good basis, but more work needed
- **Overarching Post-2015 goal: End poverty in all its forms**

## G77

- Preamble appears to prioritise certain SDGs – delete it
- Include the chapeau and reservations from the OWG outcome document
- Do not amend the SDG targets
- Addis outcome is complementary, does not replace Post-2015 Mol
- **CBDR is a non-negotiable**

## EU, US, UK, etc

- Welcome the preamble
- Accept going beyond agreed language in Declaration
- Should **not** include OWG reservations as an annex
- Welcome revisions to targets
- FfD addressed the means of implementation
- Agenda is universal, CBDR irrelevant

# June and July IGN sessions

- **20 – 24 July and 27 – 31 July 2015**
  - **Negotiations on the Final Draft Outcome Document**
  - MS presenting views and specific language suggestions on the [“final” draft of the agenda](#)
  - **Intent on concluding everything by 31 July**



## **NCD Advocacy**

- Collaboration w/ Health in Post-2015 NGO group on a [response](#) to the draft final outcome document
- Advocating for strongest NCD and health language in the Declaration

More information on the July session is [here](#).

# June and July IGN sessions

## What the document draft says about health and NCDs:

- *“A healthy life for all”* in section on “People” in preamble
- Calls for a world with *universal access to health care...where physical, mental and social well-being are assured*
- Declaration **recognizes progress in health** from MDGs
- Standalone paragraph on health stating *we must achieve UHC, and devote greater effort to tackling NCDs*
- Acknowledges that *all countries benefit from having a healthy and well-educated workforce.*
- **Could be stronger on:**
  - **Stronger, more specific language on NCDs in para 24**
  - **Equity, non-discrimination (reaching those furthest behind)**
  - **SRHR reference**
  - **UHC, including financial risk protection**

# June and July IGN sessions

## • Outstanding Issues:



**CBDR**

### Preamble

- Keep or delete?

### Declaration

- Shorten?
- Add/change existing language?

### SDGs and targets

- Accept the revised targets?
- Include the chapeau and reservations?

### Means of Implementation and Global Partnership

- FfD3 outcome as MoI pillar, or complementary?
- Who is involved in global partnership? Details?

### Follow up and Review

- Voluntary?
- Periodicity and at what level?

# Indicators for SDGs



# Update: SDG Indicator Development

- Led by Inter-Agency Expert Group (IAEG)
- Two work streams, with an online platform to facilitate discussion and collaboration between members and observers
- Indicators for all SDGs and targets, including MoI

## **Work stream 1: Conceptual frameworks and indicator concepts and definitions (Mexico)**

Topic 1: Review the concepts and definitions of proposed indicators for global monitoring

Topic 2: Review relevance and adequacy of each indicator proposed

Topic 3: Verify and match proposed indicator against existing major indicator frameworks

Topic 4: Develop a framework for the presentation and communication of proposed indicators

Topic 5: Address the issue of data disaggregation, inequality, special groups, etc.

## **Work stream 2: Identification of inter-linkages across goals and targets (France)**

Topic 1: Identify interlinkages across goals and targets with the purpose of reducing the total number of indicators, using text and scientific analysis

# Update: SDG Indicator Development

- **Proposed timeline (tbc):**
  - **11 Aug:** First list of possible indicators finalized
  - **11 Aug – 4 Sept:** Open consultation for all Nat'l Statistical Offices, observers, **major groups and stakeholders**
  - **21 Sept:** Updated list of possible indicators circulated
  - **15 Oct:** Deadline for final comments on updated list
  - **26 – 28 Oct (tbc):** 2<sup>nd</sup> meeting of IAEG-SDGs
  - **30 Nov:** Indicator proposal submitted to 47<sup>th</sup> session of UNSC
  - **March 2016:** Global indicators finalized and adopted by UNSC, to be later adopted by ECOSOC and the UN GA

## Important documents:

- [Website](#) of IAEG-SDGs
- [Proposed workstream](#) for the IAEG-SDGs
  - [Updated list](#) of priority indicators

# Update: SDG Indicator Development

## Current proposed indicators for NCD targets:

- **Target 3.4:** The probability of dying of CVD, cancer, diabetes or chronic respiratory disease between 30 – 70 years of age
  - **Target 3.a:** Age-standardized prevalence of current tobacco use among persons **age 18+**
- 
- **More on NCD and health indicators:**
    - All indicators rated against a set of **criteria**
    - Some health targets have **more than 1 indicator**
    - Should measure **outcomes and quality**, with relevant disaggregation (age, sex, income, disability etc)
    - **3.4 “tier 2” rating questioned**, as WHO considers it “tier 1”
    - **3.9 indicator only covers outdoor air pollution**
    - Prevalence of **overweight children over 5** not a priority (SDG 2, target 2.2)

# Update: SDG Indicator Development

## Other NCD-related indicators:

- **Target 3.8:**
  - Coverage of tracer interventions (e.g. child full immunization, hypertension treatment, etc.)
  - Fraction of the population protected against catastrophic/improverishing out-of-pocket health expenditure
- **Target 3.b:** Proportion of population with access to affordable essential medicines on a sustainable basis
- **NCDA priorities:**
  - **Ensure at least one indicator 3.4, 3.a**
  - **Support two indicators for UHC (3.8)**
  - **Health and NCD-related indicators across the SDGs**

**Indicators will be finalized by March 2016**

# September Summit



# September Summit

- **Date:** 25 – 27 September 2015
- **Outcome:** Adoption of the Post-2015 Development Agenda
- **Attendance:** Heads of State, Heads of Government, Ministers, Civil Society, Academia, etc.
- **Registration Information:** *Forthcoming*
- **Six Interactive Dialogues:** [Overarching theme](#) of “Transforming the world: realizing the post-2015 development agenda”
  - Health is addressed under *Tackling inequalities, empowering women and girls and leaving no one behind*



# September Summit

## NCD Alliance's Planned Activities

- **Thursday 24 September:**
  - Evening Reception (*By invitation*)
- **Friday 25 September – Sunday 27 September:**
  - Post-2015 Summit
- **Saturday 26 September:**
  - NCD Alliance Side event (1:15-2:45 pm)
- **Monday 28 September**
  - UN GA high-level debate opens (HoS statements)

**Holding a side event or attending the Summit? Let us know!**



- **Support ongoing advocacy around Post-2015**
  - Language in the Declaration
  - National and regional implementation
  - Promote FfD3 outcomes
- **Follow indicator process, [here](#)**
- **Use the Post-2015 toolkit and resources**
- **Communicate with NCDA on your activities**



Q&A



# Global Coordination Mechanism Update



# GCM/NCD Working Groups

## Working Group on Private Sector Engagement

- Draft report / recommendations to be made available shortly for public consultation during the month of August
- **NCDA submission – please share your feedback with us!**
- **Next meeting: 21-22 September**

## Working Group on Financing

- Draft interim report presented at FfD3
- Interim report / recommendations to be made available shortly for public consultation during August
- **NCDA submission – please share your feedback with us!**
- **Next meeting: 23-24 September**

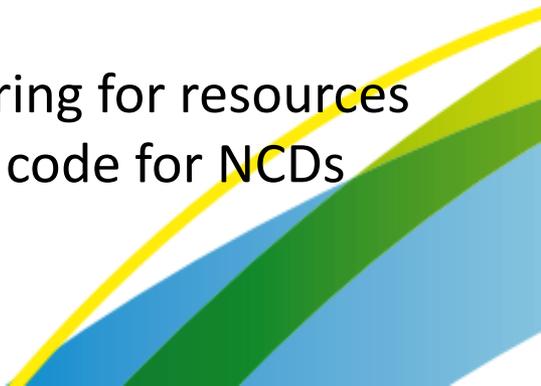
<http://www.who.int/global-coordination-mechanism/working-groups/en/>

# GCM/NCD Working Groups

## Working Group on Financing draft interim report:

1. Scale up resources for NCDs
2. Leverage domestic resource mobilization (*this is in keeping with the general approach and outcomes of FfD3*)
3. ODA is an important catalyst
4. Promote partnerships with private sector, philanthropies, but with simultaneous caution and regulation of the private sector
5. Ensure coherence across finance, trade, health policy

**NCDAs suggesting 6th recommendation:** Better monitoring for resources allocated to NCDs, including through an OECD DAC CRS code for NCDs



## Trade & NCDs

- There are existing regimes within health & trade
  - Health: FCTC, NCD Global Action Plan
  - Trade: Intellectual property rights, tariff reduction
- Conflicts are mediated through the WTO Technical Barriers to Trade (TBT) committee
- WHO and MS to:
  - Leverage training and the tools available to build capacity
  - Engage actively in the development of trade agreements and WTO processes to safeguard public health

**Next webinar 27 August 12:30 – 14:00 CET: “Investor-State Dispute Settlement and NCDs”.** [Click here](#) for WebEx Invitation

# GCM/NCD Discussion Paper

## Essential Medicines and Technologies

### Objectives:

- Outline key bottlenecks Member States are facing in achieving target 9 of NCD GAP
- Present ideas on how WHO/relevant stakeholders can support MS
- Elicit input on WHO's technical assistance to Member States on Access to Essential Meds & Techs

### What can you do?

- **Open call for comments by 31 August – submit feedback**
- **NCDA submission – share your feedback with us!**

Access the discussion paper [here](#).

# Global NCD Alliance Forum Update



# Global NCD Alliance Forum 2015



**Host:** Friends of Cancer Patients (FOCP) and the NCD Alliance

**Dates:** 13-15 November 2015

**Location:** Sharjah, United Arab Emirates (UAE)

**Theme:** *NCD Advocacy and Accountability in the Post-2015 Era*

# Audience, Purpose and Format

## **Audience:**

- **80+ national and regional NCD alliance representatives**
- 100 key NCD stakeholders from across sectors (invitation only)

## **Purpose:**

- First ever forum to convene representatives from **growing network of national & regional NCD alliances**

## **Format:**

- 2 days of **plenary sessions, interactive workshops, and networking sessions**

# Three focus areas:

## 1. Advocacy and accountability

- Translating global commitments into national and regional action on NCDs;

## 2. Organisational development

- Ensuring national and regional NCD alliances are well-equipped to drive change;

## 3. Partnerships for success

- Twinning between alliances and partnerships across other stakeholders to maximize impact.
- 

# Preparations for the Forum

- 1. Situational analysis** of national and regional NCD alliances
  - 2. Regional preparatory meetings**
- 

# Situational Analysis of Alliances

- **Comprehensive situational analysis** of the current 36 national and 4 regional NCD alliances
- Aims to understand who alliances are, structure, activities, capacity needs, trends in advocacy agendas
- This exercise includes:
  - [Online survey](#) – **Deadline Sunday 26 July, please complete!**
  - In-depth interviews – one key contact per alliance
  - Feedback from discussions at regional meeting
- The findings will inform the content of the Forum and NCDA's future work at national and regional level

# Regional Preparatory Meetings

## Objectives:

1. To share **experiences, challenges, lessons learnt, and best practices**;
  2. To stimulate a **multisectoral approach to NCD prevention and control** by fostering collaborations between CSOs and other key NCD stakeholders in the region;
  3. To explore, nurture and support **incipient national alliances**;
  4. To identify the **regions main capacity building** needs.
- 

# Regional Preparatory Meetings

## Dates and Locations:

- **Caribbean:** 6 June, Barbados
  - **Latin America:** 8 -10 June, Panama
  - **SEARO:** 9 -10 July, India
  - **EMRO:** 1-2 September, Egypt
  - **AFRO:** 1-3 October, Kenya
  - **WPRO:** TBC
  - **EURO:** TBC
- 



# SEA Regional Meeting

## Overview:

- **9-10 July 2015** in New Delhi, India
- **95 participants** incl. 70 representatives from CSOs from 9 of the 11 SEAR countries; NCD Alliance, WHO country /regional staff
- **Aimed to strengthen the civil society movement in the region** by facilitating sharing of experiences, review capacity and fostering alliances to drive **advocacy, policy and accountability**
- NCDA commissioned a [background paper](#) mapping SEAR CSOs (published on WHO SEARO website)
- Focused group work and plenary discussions identified SEAR civil society **priorities for joint follow-up and action**

# Mapping NCD Civil Society Organisations in SE Asia



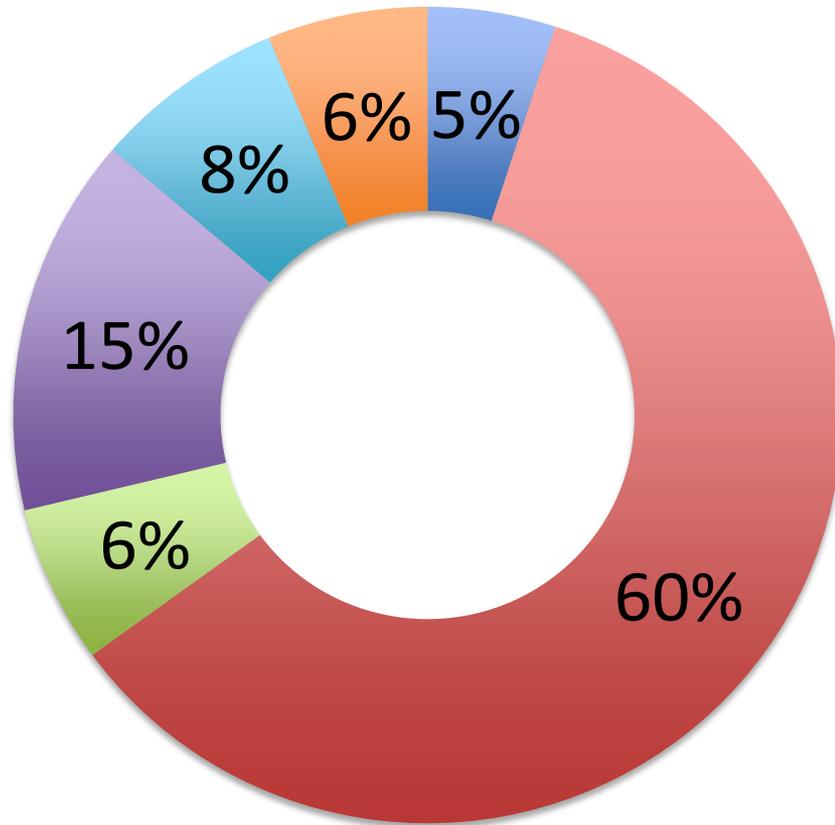
# Objectives of the Mapping

1. To inform the discussions at the Meeting on Strengthening NCD Civil Society in South East Asia
2. To inform future directions of NCD civil society in the region
3. To inform NCD Alliance's strategy for work in the region

# Mapping Methodology

- Online survey of NCD Civil society in SEAR countries
- In depth Interviews of key informants

# Nature of Organisations

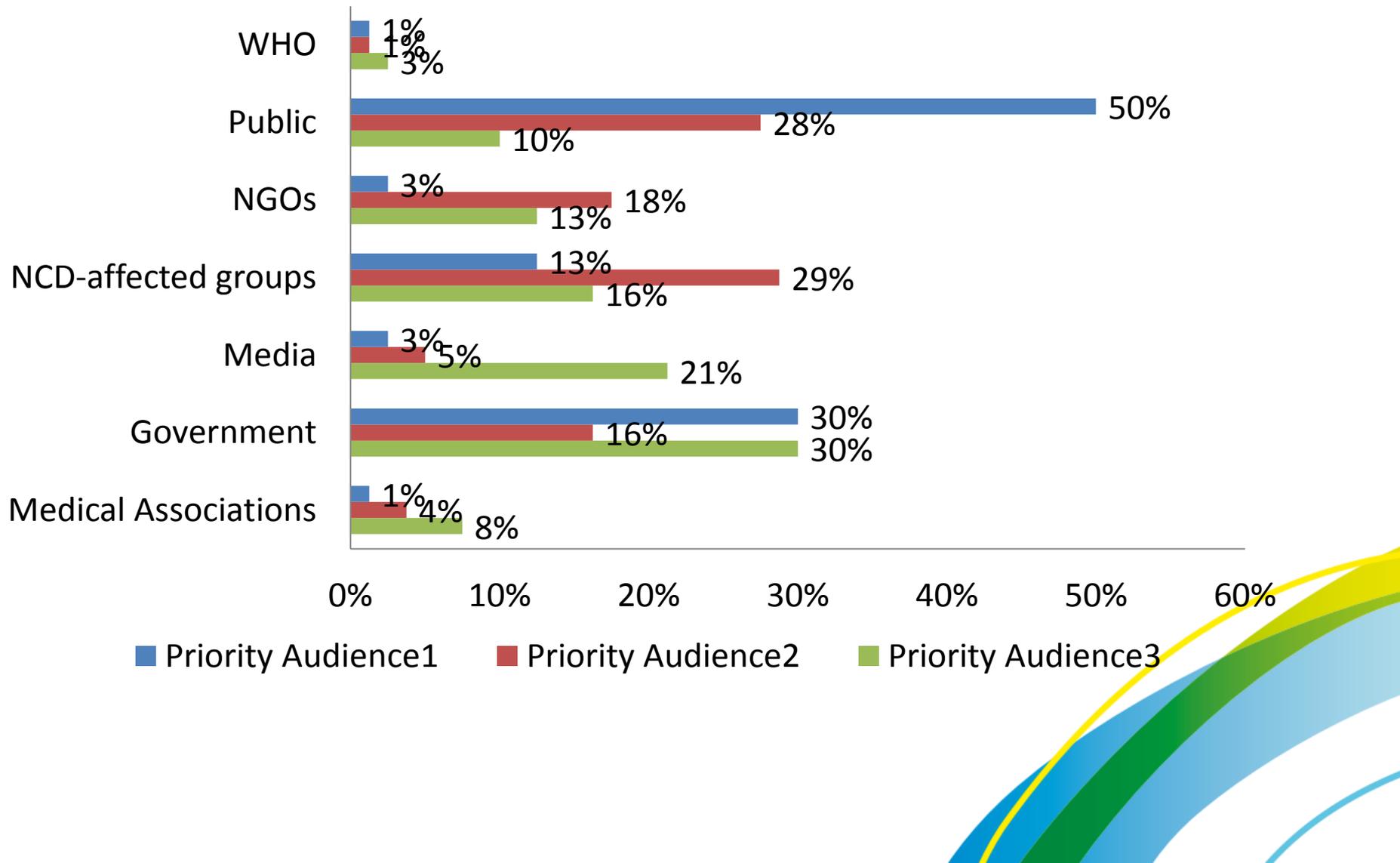


- Academic institutions
- Health NGO (e.g. cancer society or nutrition education group)
- Medical association (e.g. cardiologist association)
- Non-health NGOs (e.g. anti-poverty or rights-based group)
- Others
- Research agencies

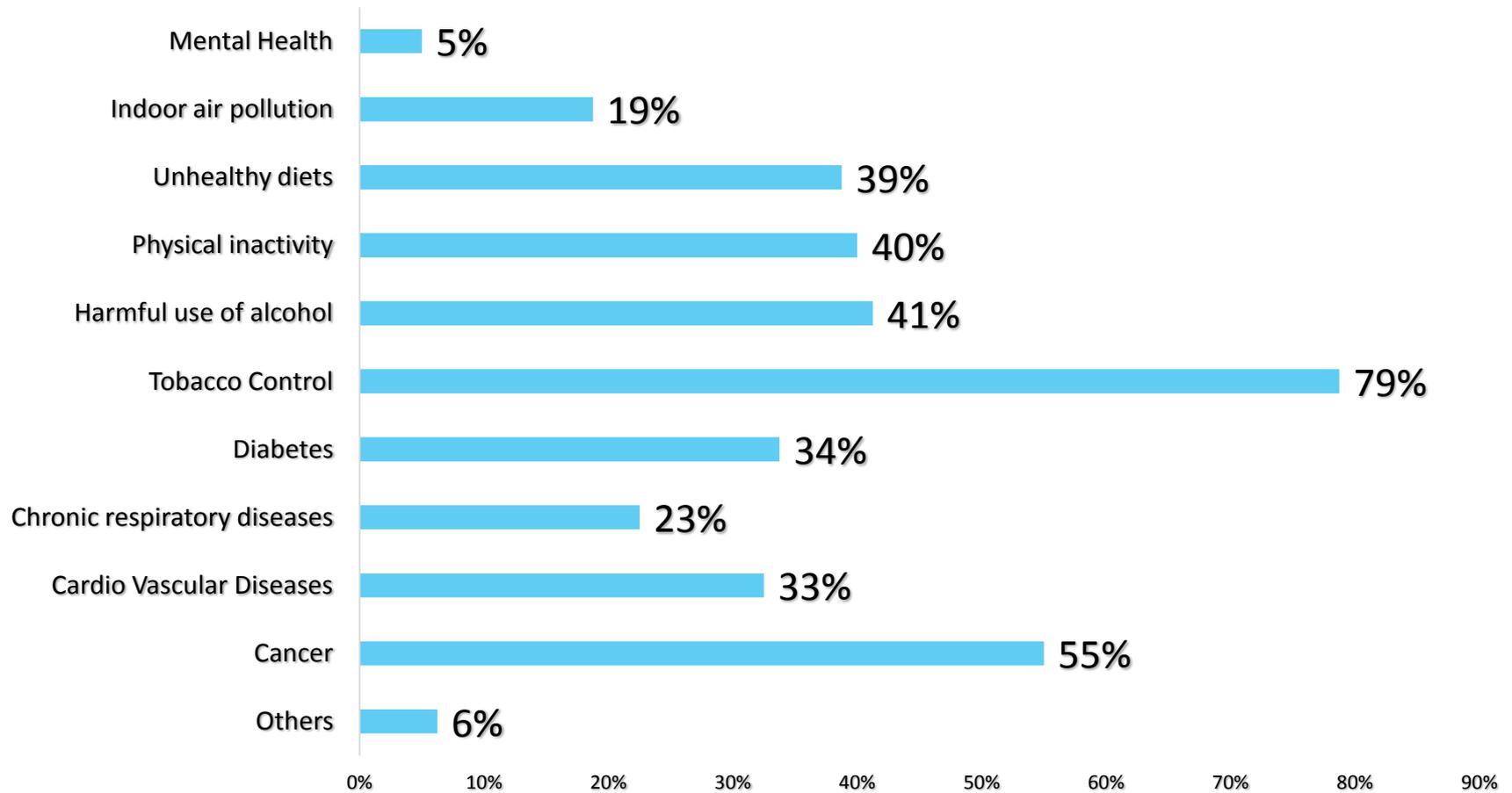
# Evolution of NCD Civil Society Organisations in SEARO - Trends

- **Initiation Phase:** Medical professionals lead the charge presenting evidence for action
  - **Advocacy Phase:** Health NGOs translate evidence to messages for policy makers and public
  - **Multisectoral action phase:** Non-health NGOs takes advocacy to non-health sectors of Government and society
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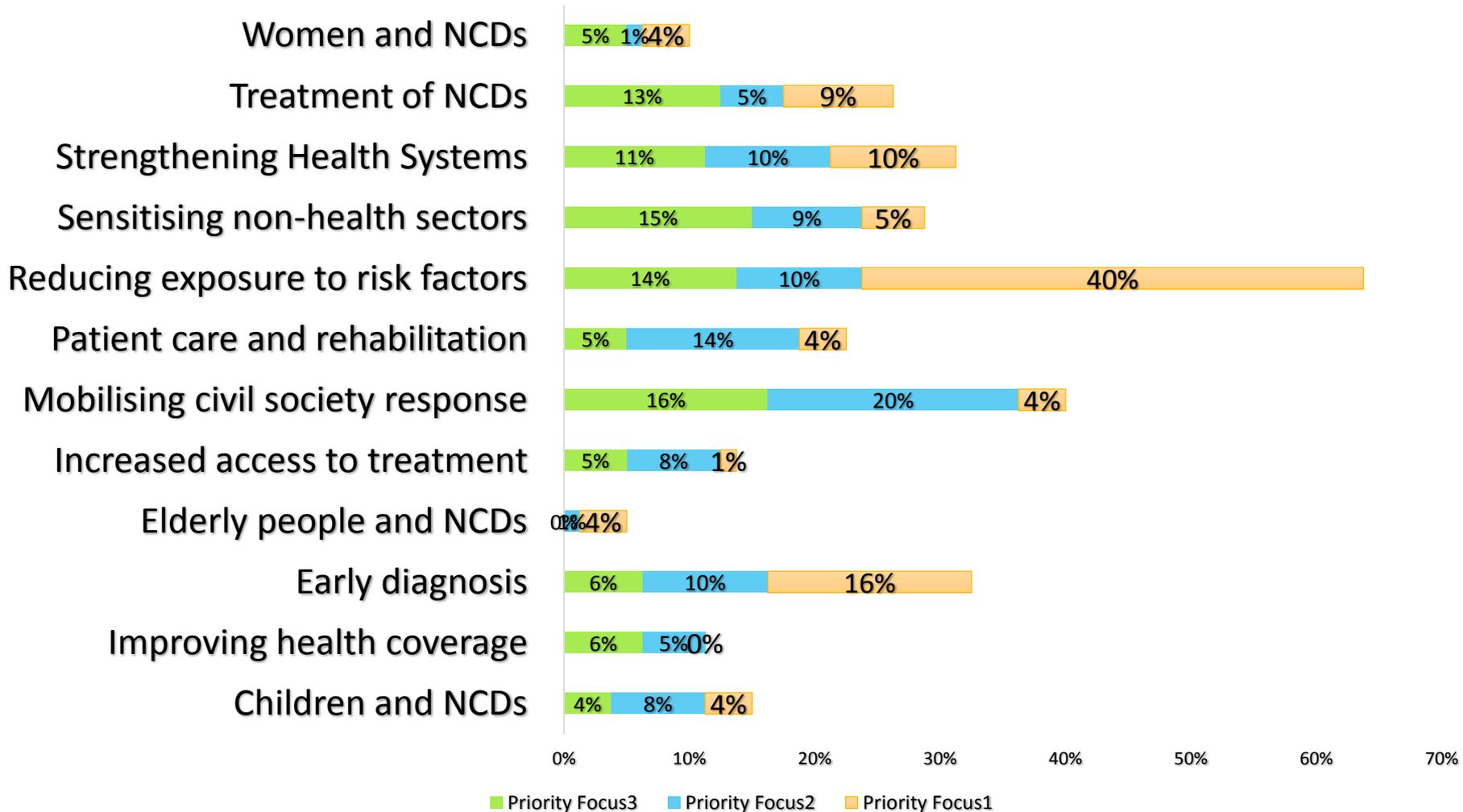
# Priority Audience



# Focus of work



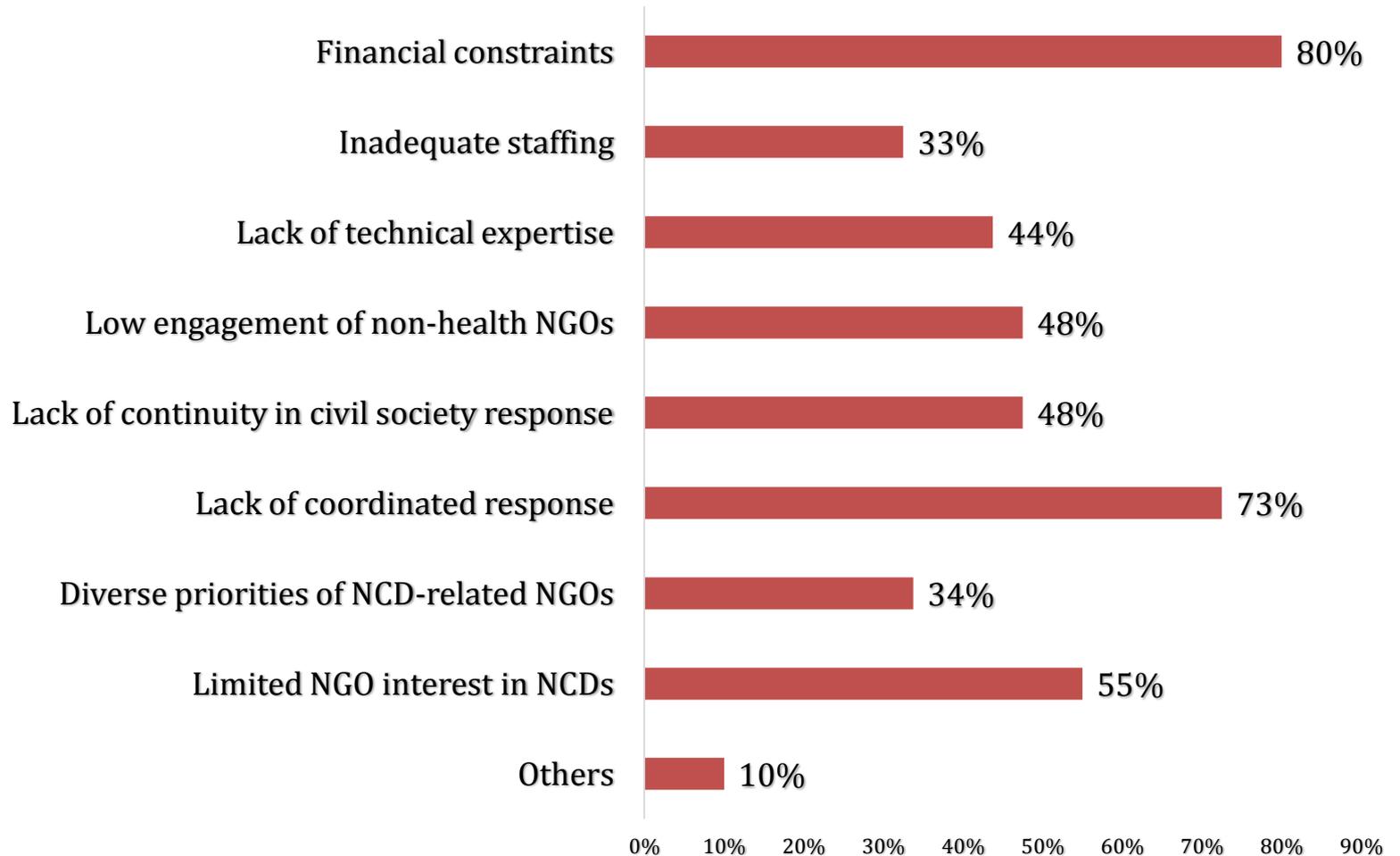
# Priority Focus of Interventions



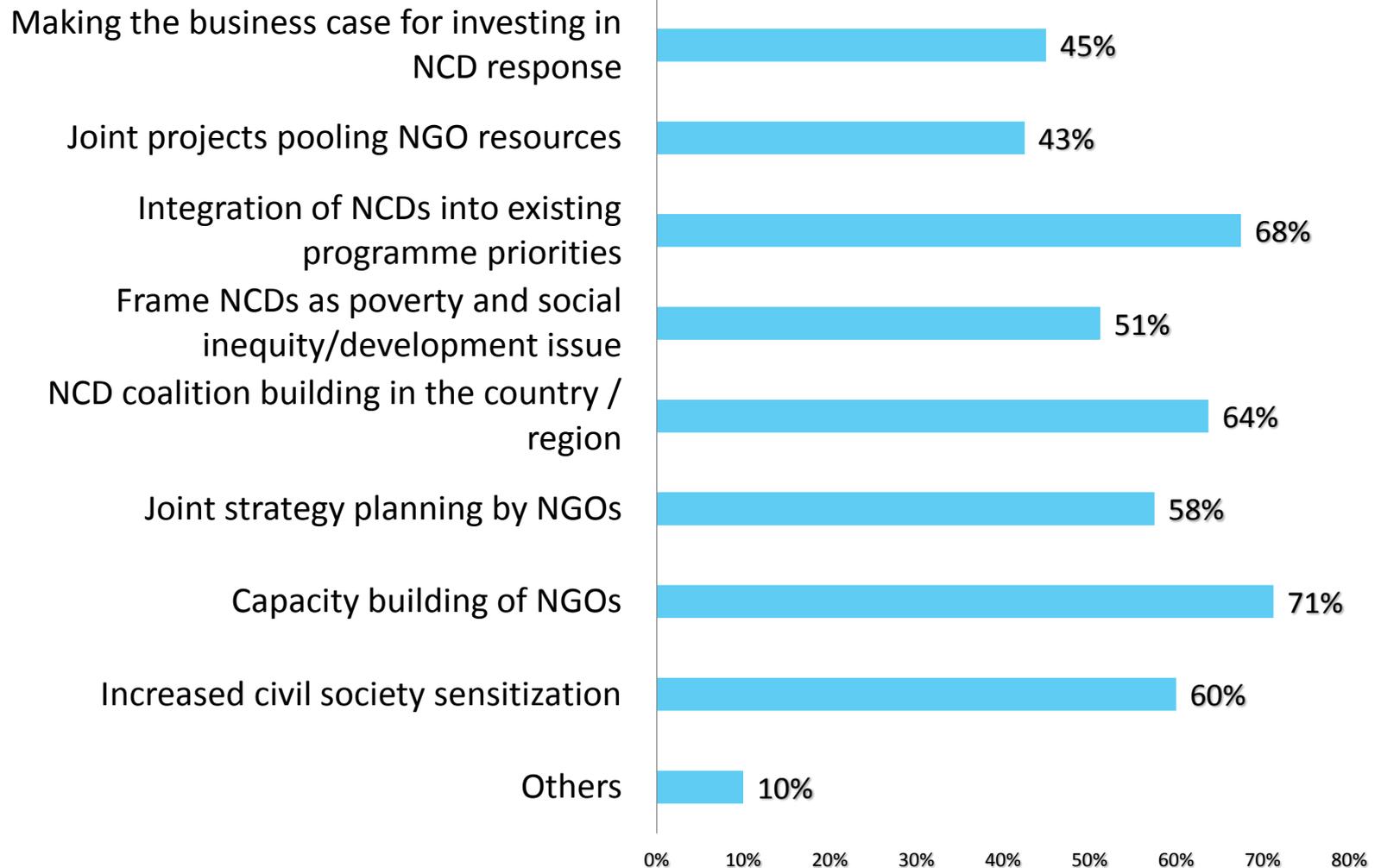
## Government – Civil Society Partnership in SEAR

- Adhoc, sporadic
  - No official mechanism/guidelines for civil society engagement in Government NCD programmes
  - Limited to no involvement of civil society in the development and implementation of NCD National Plans
  - Role of civil society in NCD Monitoring mechanisms is yet to evolve
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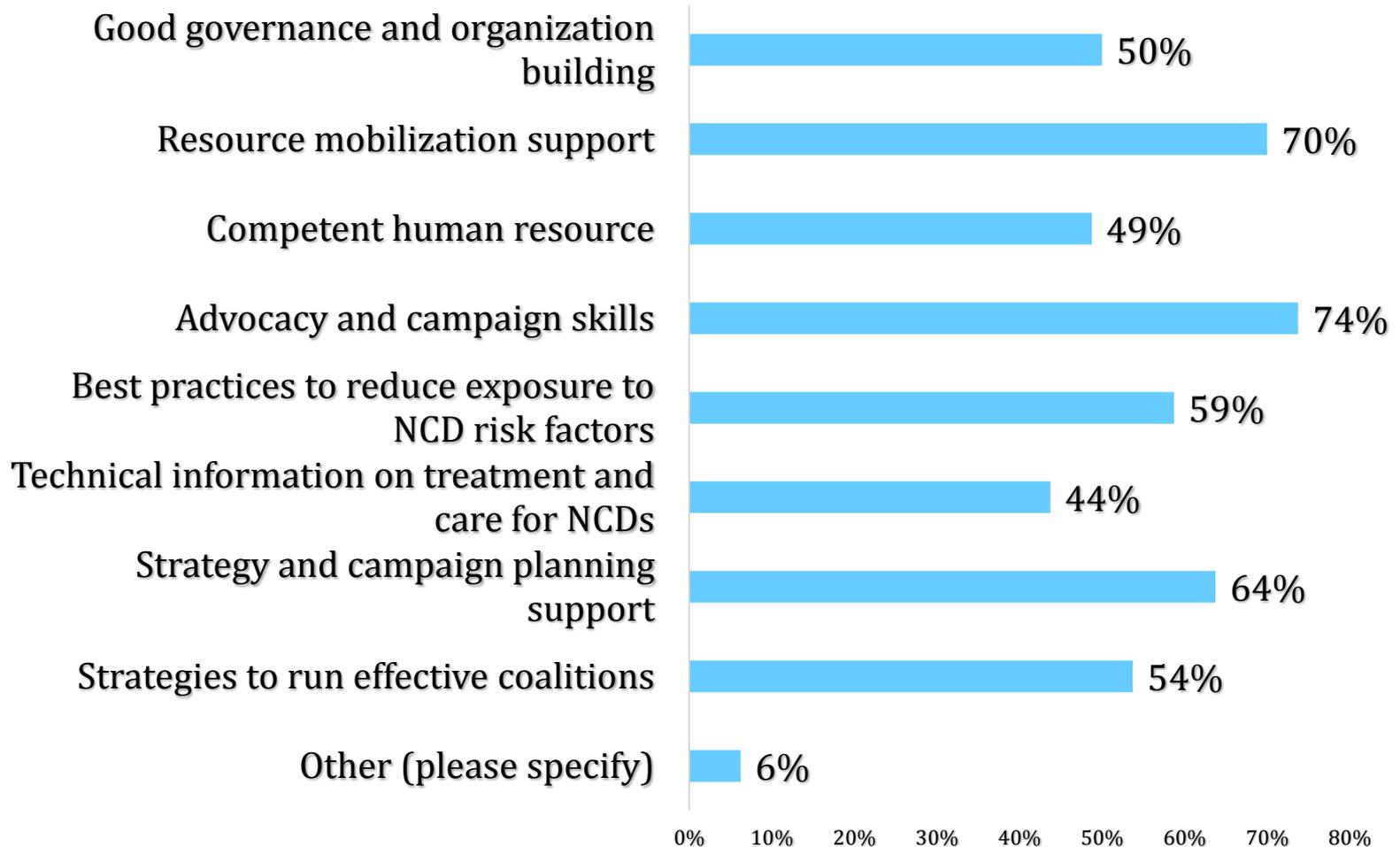
# Major Gaps in Civil Society Response



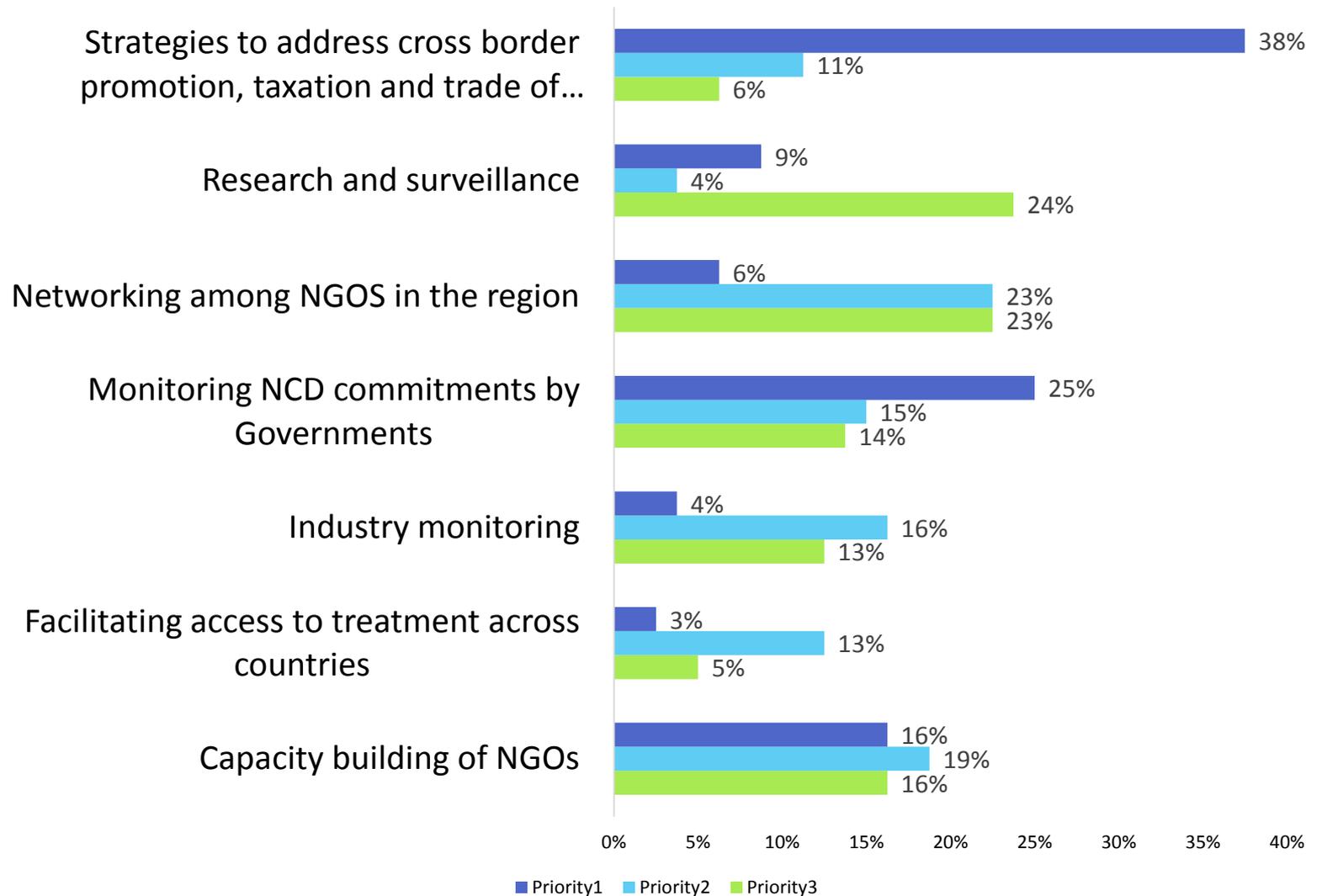
# Solutions to address gaps



# Major capacity needs



# Priorities for action at regional level



# Implications of mapping for SEAR Civil Society Organisations

- Increase advocacy on NCDs and their risk factors, with special focus on issues that are yet to receive government attention
  - Participate in national and subnational NCD multisectoral bodies and support the government and other stakeholders in developing and implementing NCDs priority actions
  - Monitor progress and hold the Governments accountable to NCD commitments
  - Advocate for integration of NCDs into national health and development plans, existing programmes and platforms
- 

## Civil Society coordination

- Build multisectoral coalitions at national and sub national levels
  - Establish regional platforms for networking, information sharing and advocacy support
  - Build regional partnerships around existing platforms of SAARC and NCD Alliance federations
- 

# SEA Regional Meeting Main Outcomes



## Outcome

- Report with recommendations for civil society, WHO, governments and NCDA (to be published end of August) e.g:
  - WHO to support mapping of NCD CS at national level
  - WHO and NCDA to support capacity building efforts in SEAR to address gaps in evidence synthesis for advocacy, governance, resource mobilization, and accountability
  - SEAR CSOs to foster relationships & partnerships between gvts.
  - Gvts to create mechanisms and processes for inclusion of whole-of-society in national high-level NCD commissions or task forces
  - NCDA to nurture emerging and existing national and regional NCD alliances and coalitions and encourage twinning initiatives
  - SEAR CSOs to take forward priorities for joint follow-up and action

➔ **Report / recommendations serve as input to Global Forum**

# SEA Regional Meeting Main Outcomes



## **SEAR civil society priorities for joint follow-up and action:**

- 1. Mobilize public opinion and participation** in NCD advocacy and health
- Increased NCD civil society engagement in the **development and monitoring of national NCD-related policies and plans**, and **meaningful participation** of civil society in **multisectoral mechanisms** for NCD prevention and control;
- Development and strengthening of national policies & strategies on the major **risk factors** (including ambient and indoor air pollution);
- Support prioritisation of NCDs in **national development plans & strategies**;
- Promote integration and scale up cost-effective NCD interventions into basic primary health care package** with referral system to all levels of care in order to advance the UHC agenda;
- Promote the **integration of palliative care** into all levels of healthcare;
- Support operational **NCD surveillance and monitoring systems**.

Q&A



# The NCD Alliance

Putting non-communicable diseases  
on the global agenda

Thank you!

For more information, please visit our website:

[www.ncdalliance.org](http://www.ncdalliance.org)

