

The NCD Alliance

Putting non-communicable diseases
on the global agenda

NCD Alliance webinar 5 December 2012 (morning)



Moderator:

Cary Adams, Chair, NCD Alliance
and CEO, Union for International Cancer Control

Speakers:

Ariella Rojhani, Advocacy Manager, NCD Alliance

Rohan Greenland, Government Relations
Director, National Heart Foundation, Australia

Katie Dain, Global Advocacy Manager,
International Diabetes Federation

Ann Keeling, Founding Chair, NCD Alliance and
CEO, International Diabetes Federation

Agenda

1. Development Campaign Update

- Overview of Timeline
- Global Thematic Consultations, particularly health
- National Consultations

2. Regional Perspectives

3. NCD Framework Campaign Update

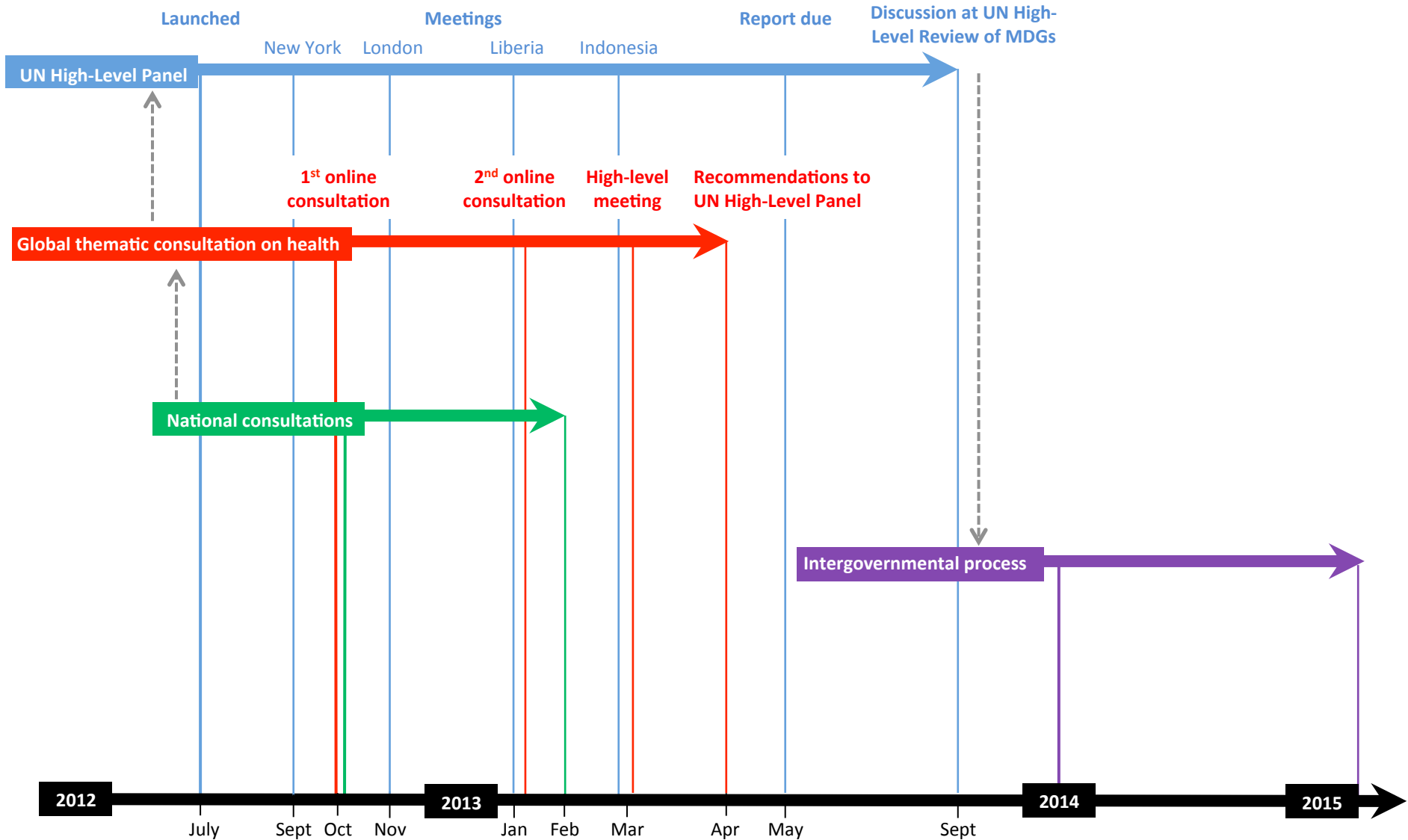
- Global Monitoring Framework and Targets
- Global Coordinating Mechanism
- Global NCD Action Plan

Global Development Framework Campaign update

Updates

- Summary of timeline
- Global thematic consultation on health
 - Official process
 - NCDA response
- Other global thematic consultations
- National consultations

Post-2015 Development Timeline



Global Thematic Consultation on Health

- Co-led by WHO and UNICEF
- Coordinated by governments of Sweden and Botswana
- **4-6 March 2013** in Botswana
- Objectives:
 - Stimulate discussions on health in the post-2015 agenda
 - Develop shared understanding
 - Examine current, future priorities
- Outcome:
 - An understanding on health in the post-2015 agenda, to inform the HLP's report, high-level dialogue

Processes to input into Consultation

- WHO
 - Call for papers on 5 questions for health and MDGs, post-2015
 - Deadline: **30 December**
 - NCDA launched an e-consultation to input in the submission
 - Papers synthesized into a report (Jan 2013)
 - This final synthesis of inputs to go into high-level dialogue
- Civil Society consultation meetings
 - Finalizing details of meetings (4-5 total)
 - First meeting this Saturday 8 Dec in Tanzania
- Beyond2015
 - Civil society position paper on health
 - Led by Medicus Mundi
 - NCDA part of the drafting group for the submission
- Official platform for process: www.worldwewant2015.org

NCD Alliance e-consultation

- Objectives:

- Stimulate a discussion on health and NCDs as they relate to the MDGs and post-2015 development agenda
- Develop a common position on asks and must-haves for health and NCDs in the post-2015 development framework
- Generate additional advocacy material for our Global Development Campaign

- Outcomes

- A paper to be submitted to WHO for **30 December** deadline

Findings of the NCDA E-Consultation

Main successes of MDGs in LMICs, from an NCD perspective

- The importance of the MDGs in:
 - establishing political support and public awareness for health improvement
 - poverty reduction in LMICs
- Learning lessons from HIV/AIDS programmes:
 - the transferability of knowledge of what is effective for NCDs – notably prevention, treatment and management.

Findings of the NCDA E-Consultation

Main failings of MDGs in LMICs from an NCD perspective

- The majority of the 99 responses to this question identified **the exclusion of NCDs as main failing**
- Main concerns identified include:
 - a lack of funding and lack of focus – including political motivation and will - to tackle NCDs
 - an exclusive focus on communicable diseases, which had led to the creation of vertical, disease specific programmes

Findings of the NCDA E-Consultation

Top 3 priorities for progress on NCDs

1. Health Promotion and Prevention (49%)
2. Health Systems and Strengthening (43%)
3. Health in all Policies (36%)

The single most important priority for NCDs post-2015

- Largest response was for ‘a goal or target specifically on NCD prevention and control’(44%)
- Support for universal health coverage (UHC) approach
- Less support, but still positive, on overarching goal to reduce morbidity and mortality

Findings of the NCDA E-Consultation

Important sustainable development issues post 2015

1. Food Security
 2. Water
 3. Population
- Will carry these forward as priorities for NCDs on the sustainable development agenda

Additional Post-2015 Global Thematic Consultations

- The NCD Alliance (through partners) is engaging in the following thematic consultations:
 - **Indigenous peoples and Inequalities**
 - Deadline: **14 December**
 - **Food security and nutrition**
 - Deadline: **21 December**
 - **Environmental sustainability**
 - Deadline: **28 December**
- More information can be found at:
<http://www.worldwewant2015.org/>

National Consultations

Africa (S, E & W)	Asia & Pacific ¹	Latin America & Caribbean ²	Arab States ³	Eastern Europe & CIS
Angola	Bangladesh	Brazil	Djibouti	Armenia
Burkina Faso	China	Costa Rica	Egypt	Kazakhstan
CAR	India	Colombia	Jordan	Moldova
DRC	Indonesia	Peru	Morocco	Tajikistan
Ethiopia	Lao PDR	Haiti	Sudan	Turkey
Ghana	Pakistan	Bolivia	Algeria	(+ 1 tbc)
Kenya	PNG	El Salvador		
Mali	Solomon Islands	Honduras		
Malawi	Timor-Leste	Santa Lucia		
Mauritius	Vietnam			
Mozambique				
Niger				
Nigeria				
Senegal				
South Africa				
Tanzania				
Togo				
Uganda				
Zambia				

¹ Cambodia, Philippines, Vanuatu proposed as stand-by countries

² Nicaragua, Guatemala, Ecuador and Chile are proposed as alternates

³ Lebanon and Yemen are proposed as alternates

We Need Your Support!

Actions:

- **Scope:** Find out what is happening in your country/region – format, key actors, content, outcomes
- **Engage:** in national and regional level consultations
 - NCDA has produced an *advocacy pack* for advocates to use in their engagements
- **Influence:** Government positions, UN-Country programmes
- **Share:** intelligence with NCDA at the global level

Q&A

Regional Perspectives



***NCDs as a development issue in
post-MDG consultations:
Asia-Pacific Region***

**Rohan Greenland
Director, Government Relations
National Heart Foundation of Australia**

**Board Member
Asia-Pacific Heart Network**

CVD in Asia-Pacific

- **About 8m deaths a year**
- **CVD now more numerous in India & China than all economically developed countries put together**
- **About half of the world's CVD burden occurs in the Asia-Pacific region**
- **Risk factors dramatically rising in some countries**



CVD in Asia-Pacific



Asia-Pacific Cohort Studies Collaboration

- 660,000 participants, 46 studies, 9 countries

In the next 20 years Asia will be faced with a crippling epidemic of heart disease and stroke on a scale previously unknown.

Asia-Pacific Cohort Studies Collabor

ASIA PACIFIC COHORT STUDIES COLLABORATION



CVD in Asia-Pac

CVD must become a priority for the Asia-Pacific.



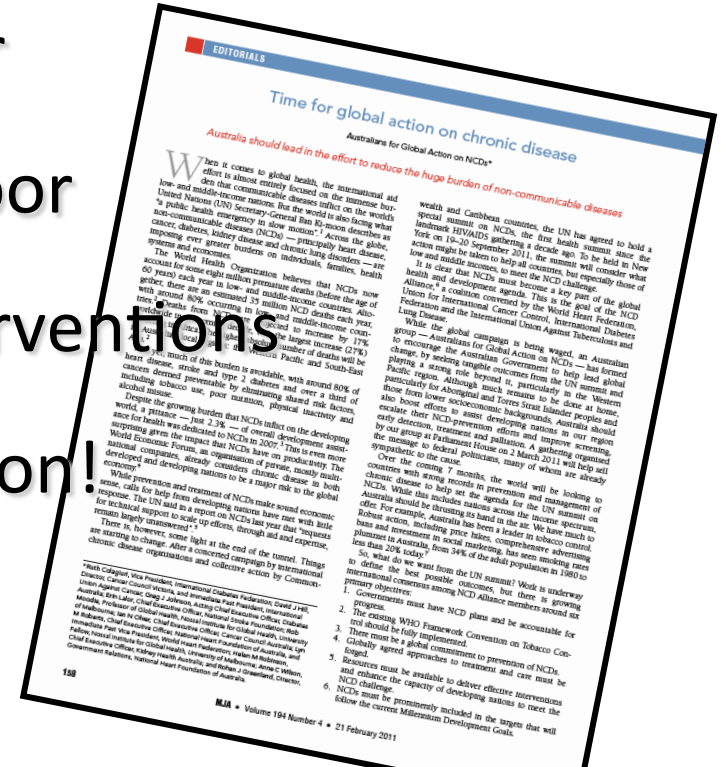
If nothing is done ... the past CVD epidemics in the western world will pale into insignificance compared to what we will see here in the near future.

Professor Stephen MacMahon: Asia-Pacific Cohort Studies Collaboration 2004

Reality check



- Time poor
- Resource poor
- Limited no. of interventions
- Look to London!



Supported by the Australian Chronic Disease Prevention Alliance

NCDs as development issue



- **Australian NCD group formed 2010**
- **Big presence at UN DPI NGO conference Melbourne 2010 - NCDs in communique**
- **Summit at Parliament House 2010**
- **Coincided with review of Australian aid policy**
- **Independent Review of Aid Effectiveness**
July 2011
- **Helped inform new approach**



“Delivering Real Results”



We will work to halt and reverse infectious disease transmission, including HIV/AIDS, tuberculosis and malaria, **and** address the growing problem of non-communicable diseases, particularly in the Pacific.

An Effective Aid Program for Australia: Making a real difference - Delivering real results 2011



Pacific Program



- FCTC support: Heart, Cancer, Aust Govt
 - Tobacco control needs assessment program in Western Pacific
- Pacific regional NCD program
 - \$25m Pacific NCD prevention program (high-impact, low cost)

- NCDs among specific priorities for Australia's health investments in the *Pacific Partnerships for Development*





Heart
Foundation

Putting RHD on the agenda

- Pacific has one of highest global RHD rates
- 4% to 12% of health budgets spent on sending RHD patients overseas for valve surgery
- Australia 1 of only 3 countries with national rheumatic heart disease control program
- WHF, HF looking for support for prevention
- Looking to engage AusAID to explore options to fund vaccine program



Next steps ...

- Further engagement with Foreign Affairs Ministers, AusAID on NCDs, consultations
- Build understanding among key MPs, parliamentary committees
- Inform decision-makers of NCD developments
- Press for greater funding for NCDs in aid agenda
- Seek support for specific projects
- Showcase success stories
- Work closely with NCD Alliance!!!

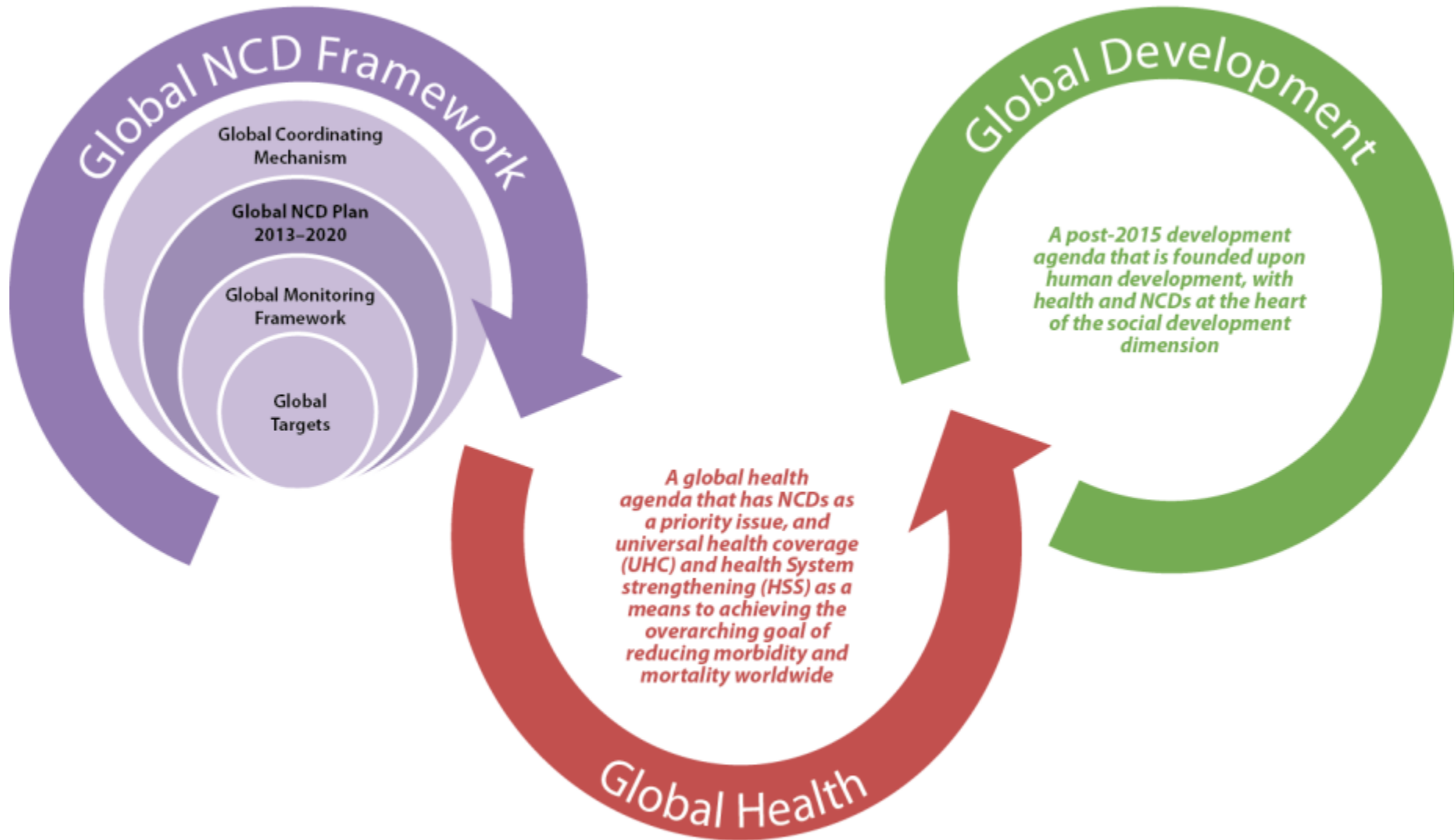
Q&A

Global NCD Framework Campaign Update

Outline

- **Global monitoring framework, targets and indicators for NCDs**
- **Options for global partnerships for NCDs**
- **Global NCD Action Plan 2013-2020**

The Global NCD Framework



Global Monitoring Framework, Targets and Indicators for NCDs

- **NCD Alliance 18 month campaign**
- **First set of global targets** – drive action, improve data collection, and accountability
- **May 2013** - governments committed to reduce mortality from NCDs by 25% by 2025
- **Nov 5-7 2013** - 3 day intensive government negotiations to finalise the remaining set of targets

NCD Alliance Key Asks

- Establish and resource a **robust global monitoring framework**
- Adopt a **comprehensive set of bold targets** to drive progress towards “25 by 25”
- **Strike a balance** between targets on **prevention, treatment and care**
- Agree a **rigorous reporting system**, including national reporting every **two years to WHA and UNGA**
- Support the application of global targets to **regional and national levels**

WHO Member State Formal Consultation, 5-7 Nov: 9 targets and 25 indicators agreed!

**Premature mortality from NCDs
25% reduction**

**Tobacco
smoking
30%**

**Physical
inactivity
10%**

**Alcohol
10%**

**Salt
intake
30%**

**Raised
blood
pressure
25%**

**Diabetes
+ Obesity
0%**

**Essential
medicines and
technologies
80%**

**Drug therapy
and counselling
50%**

Mortality and Morbidity

Premature mortality NCDs	1. 25 % relative reduction in overall mortality from NCDs	1. Unconditional probability of dying between 30 and 70 years from NCDs
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Risk Factors

Tobacco	2. 30% reduction in prevalence of current tobacco use in persons aged 15+ years	2. Prevalence of current tobacco use among 18+ 3. Prevalence of current tobacco use among adolescents
Physical inactivity	3. 10% relative reduction of insufficient physical activity	4. Prevalence of insufficiently active persons 18+ 5. Prevalence of insufficiently active adolescents
Alcohol	4. At least 10% relative reduction in the harmful use of alcohol	6. Total alcohol per capita (15+) consumption 7. Prevalence of heavy episodic drinking among adolescents and adults 8. Alcohol related morbidity and mortality among adolescents and adults
Salt/sodium	5. 30% relative reduction in mean population intake of salt [/sodium intake]	9. Mean population intake of salt (sodium chloride) per day in grams in adults 18+
Raised blood pressure	6. 25% relative reduction in prevalence of raised blood pressure	10. Prevalence of raised blood pressure among persons 18+
Diabetes and obesity	7. Halt the rise in diabetes and obesity	11. Prevalence of raised blood glucose/diabetes among adults 18+ 12. Prevalence of overweight & obesity in adults 18+ 13. Prevalence of overweight & obesity in adolescents

Additional indicators under risk factors:

14. Prevalence of adult population consuming less than five total servings of fruit and vegetables per day
15. Prevalence of raised total cholesterol among persons 18+
16. Mean proportion of total energy intake from saturated fatty acids in persons 18+

National Systems Response

Essential medicines and technologies	8. 80% availability of affordable basic technologies and essential medicines, including generics , required to treat major NCDs in both public and private facilities	17. Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities
Drug therapy to prevent heart attack and stroke	9. At least 50% eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes	18. Proportion of eligible persons receiving drug therapy and counseling to prevent heart attacks and strokes

Additional indicators under National Systems Response:

19. Cancer incidence, by type of cancer per 100,000 population
20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics per death from cancer
21. Proportion of women between the ages of 30-49 screened for cervical cancer at least once
22. Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply
23. Policies to reduce the impact on children of marketing on foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt
24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants
25. **Availability , as appropriate, if cost-effective and affordable, of HPV vaccines**

Report available: http://apps.who.int/gb/ncds/pdf/A_NCD_2-en.pdf

Questions Remaining

- **Technical detail** on some targets – baselines, measurements?
- **Reporting** – where and how often?
- **Interim targets** – 2015, 2020?
- **National and regional targets?**

Global Partnerships for NCDs Timeline

2012

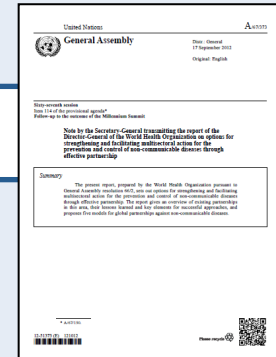
- **27 Aug 2012: WHO Director General recommendations** sent to UN Secretary General Ban Ki-moon

2012

- **19 Oct 2012: UN Secretary General paper** with recommendations released

2012

- **28 Nov 2012: UN General Assembly discussion** on global partnership paper



UN Secretary General Report, 19 October

Five options for global partnerships

1. **Aligned independent efforts:** Organic model similar to the current state of efforts
2. **Social movement:** Build a social movement around a common agenda, to drive advocacy and accountability
3. **Coordinated network:** A “hub and spoke” model with a central hub that coordinates a network of results-oriented satellite partnerships.
4. **Loosely coordinated network around a social movement:** A loose, informal structure that merges options 1, 2 and 3 around a global convening platform
5. **Centralised, formalised partnership:** A large, centralized organization, multilateral agency or public private partnership – in command of significant resources to stimulate action at all levels.

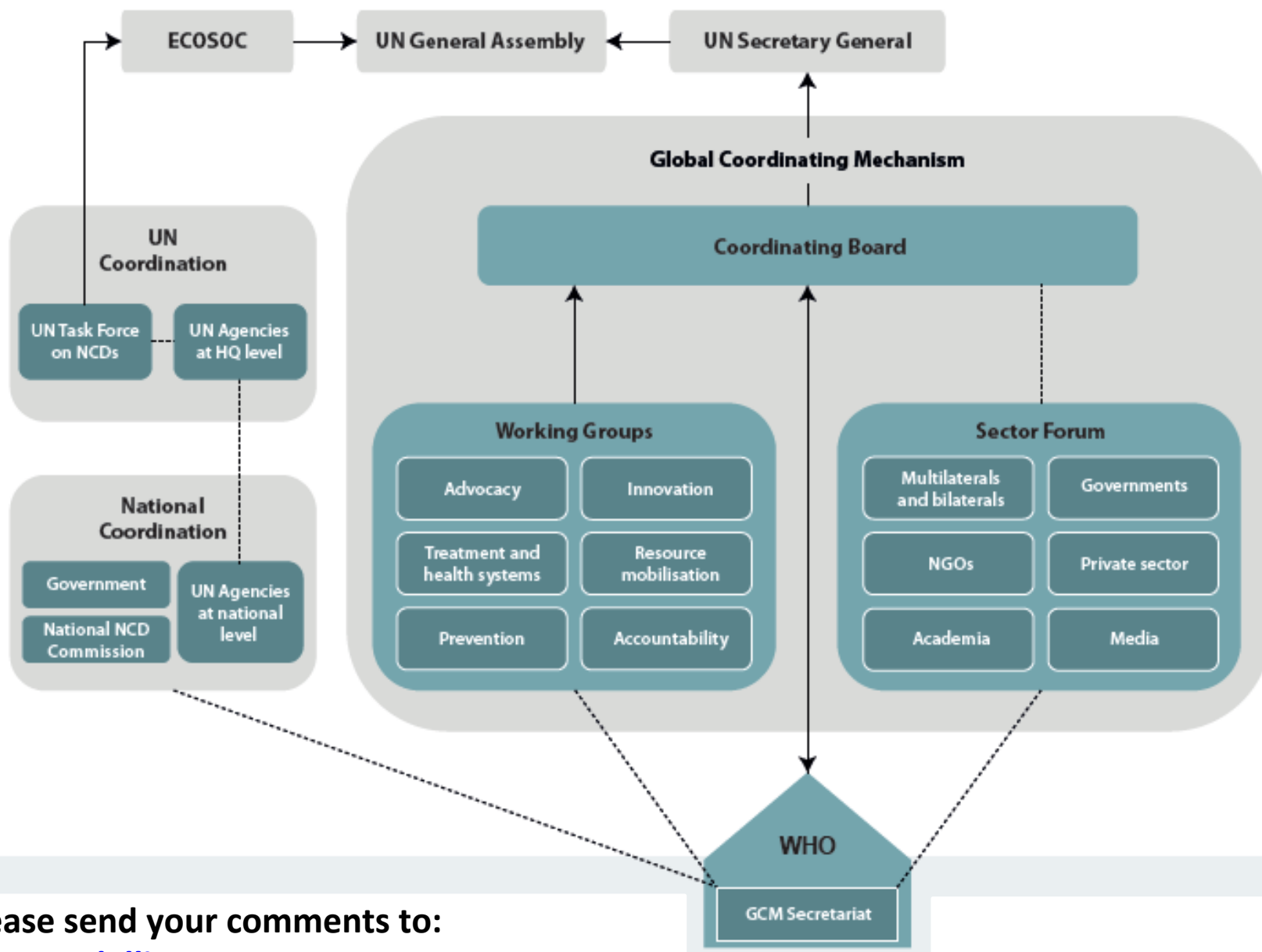
<http://ncdalliance.org/sites/default/files/rfiles/Options%20analysis.pdf>

NCD Alliance proposal for a global coordinating mechanism

- Global coordination – **the missing ingredient**
- Only **option 3** from the UNSG report comes close to what we need
- Proposing an **“option 3 +”** ...

“A light touch global coordinating mechanism (GCM) that convenes and mobilises relevant sectors to catalyse collective and coordinated global action on NCDs”

NCD Alliance proposal for global coordinating mechanism



Please send your comments to:

info@ncdalliance.org

UN General Assembly Discussion, 28 November

- First time NCDs have been on the agenda of the General Assembly since the UN High-Level Meeting
- **6 interventions** - EU, CARICOM, US, Indonesia, Russian Federation, and Mongolia
- Many interventions referenced the **importance of the UN Political Declaration** - keen to see the commitments fulfilled according to the agreed timelines
- Noted the UNSG's report on options - suggested **more time is needed to consider the options**

What next? WHO EB discussion in January; possible UNGA Resolution

Global NCD Action Plan 2013-2020

Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.

World Health Organization

2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

The diagram consists of four overlapping circles representing risk factors: tobacco use (top), physical inactivity (right), unhealthy diets (bottom), and harmful use of alcohol (left). The intersections of these circles represent the four non-communicable diseases: cardiovascular diseases (top-left), chronic respiratory diseases (top-right), diabetes (bottom-left), and cancers (bottom-right). The central intersection of all four risk factors is shaded black, indicating the common ground where all four diseases can occur.

United Nations
General Assembly

Distr.: Limited
16 September 2011
Original: English
A/66/L.1

Sixty-sixth session
Agenda item 117
Follow-up to the outcome of the Millennium Summit

Draft resolution submitted by the President of the General Assembly

Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

The General Assembly,
Adopts the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.

Annex

Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations from 19 to 20 September 2011, to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries,

1. Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world, and threatens the achievement of internationally agreed development goals;
2. Recognize that non-communicable diseases are a threat to the economies of many Member States, and may lead to increasing inequalities between countries and populations;
3. Recognize the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts

11-49777 (E) [5091]

Please recycle

Global NCD Action Plan 2013-2020 - Timeline

2012

- **1 Nov 2012:** 2nd Informal Consultation with Member States and UN agencies on [Zero Draft](#)

2012

- **11 Dec 2012:** Draft of Global NCD Action Plan will be published by WHO

2013

- **Jan 2013:** Draft Global Action Plan discussed at WHO Executive Board

2013

- **Feb 2013:** Revised Draft Global Action Plan published by WHO

2013

- **Mar 2013:** Consultation with Member States, NGOs, Private Sector

2013

- **April 2013:** Final Draft released for adoption by Member States at WHA, May

Global NCD Action Plan 2013-2020

NCD Alliance Response

December:

- Communicate and analyse Draft Global Action Plan
- Establish an ad hoc group to fully scope details of GAP

January:

- NCDA 2 pager and advocacy at WHO EB

February:

- Release NCDA commentary on GAP

March:

- Submission to WHO online consultation
- Engage in WHO consultation meetings

Please send your comments to:

info@ncdalliance.org

Q&A

Call to Action

Call to Action

Global Development Campaign:

- Engage in global thematic consultation on health for post-2015;
- Explore and participate in national consultations for post-2015;
- Feedback to NCDA with intelligence on post-2015.

Global NCD Framework Campaign:

- Write to your government congratulating global NCD targets, and offering civil society support;
- Provide feedback to NCDA on proposal for global coordinating mechanism;
- Provide feedback to NCDA on Draft GAP 2013-2020



Email: info@ncdalliance.org

The NCD Alliance

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on the global agenda

Thanks for joining the call.
Please visit our website:
www.ncdalliance.org

