

IDF Final Submission on the WHO Global NCD Action Plan 2013-2020

The International Diabetes Federation (IDF), an umbrella organisation of over 220 national diabetes associations in 170 countries, is the unique global voice of the diabetes community. One of the four leading non-communicable disease (NCDs), diabetes is an urgent global epidemic which affects 371 million people worldwide, causes 4.8 million deaths and millions more life threatening complications every year, and impacts on all dimensions of human and economic development.

IDF welcomes the final opportunity to comment on the Global NCD Action Plan 2013-2020 (GAP), which builds on the World Health Organization's extensive consultation with Member States, civil society and the private sector since August 2012. IDF, as a founding member of the NCD Alliance, fully supports the Alliance's submission on the GAP and provides specific comments from the diabetes perspective.

IDF's submission is aligned to the Federation's global framework for action on diabetes – the Global Diabetes Plan 2011-2021 – which establishes three objectives for the next decade: improve health outcomes for people with diabetes; prevent type 2 diabetes and stop discrimination against people with diabetes. In summary, IDF:

- **Strongly supports the NCD Alliance call to improve Appendix 3**, and stresses that **retinopathy screening and glycaemic control to prevent and delay the onset of diabetic retinopathy** – a highly cost-effective means of avoiding blindness for people with diabetes – must be included as a priority action.
- Recommends that the **expanded set of actions within Appendix 3 ensures governments prioritise both primary and secondary prevention of diabetes**, and includes ongoing care and self-management for diabetes, through inclusion of well-established cost-effective interventions.
- Calls for objective 4 **to urgently improve coverage of diabetes treatment and care within health systems, including ensuring a fully equipped health workforce and providing self-management education across the life course** to ensure that people with diabetes have the knowledge, skills and confidence to manage the disease effectively.
- **Calls for full recognition of the synergies diabetes shares** with maternal newborn child health, mental disorders and communicable disorders in the GAP, an approach which is in line with existing commitments in the UN Political Declaration on NCD Prevention and Control.
- **Commends WHO's strengthened proposals for the promotion of a healthy diet** – particularly for reducing portion size and energy density to limit excess calorie intake – and recommends additional actions to combat the global diabetes and obesity epidemic.
- Encourages WHO and Member States to **expand the scope of prevention beyond modifiable risk factors and drive progress on health promotion and wellbeing for all**, including action on the underlying social and environmental determinants of health.
- Recommends that the GAP reflect the **major challenges in accurate monitoring and surveillance for diabetes and NCDs worldwide, with robust action points to advance** integrated and effective surveillance across the four NCDs and their shared risk factors.
- **Calls for significant strengthening of the human rights principle** within the GAP by reinstating gender as an overarching principle, and including action to alleviate discrimination and stigma for people with diabetes which pose a major barrier to prevention, treatment and care.
- **Urges WHO to define a clear role for all international partners** – including specific actions for civil society and a Division of Labour for UN Agencies – within the GAP, and strengthen the sections on resources and reporting to drive urgent action on diabetes and NCDs.

RECOMMENDATION	Objectives and Actions
<p>Ensure the GAP’s priority cost-effective action in Appendix 3 drives concerted government action to prevent diabetes and it’s complications. Prioritising diabetes prevention and early diagnosis, management, treatment and care is cost-effective and will be critical to ensure government’s reduce healthcare expenditure on expensive complications, and people with diabetes are able to live long, healthy and productive lives.</p>	<p>Minimum set of actions:</p> <ul style="list-style-type: none"> - Add “<i>multi-drug therapy and counselling</i>” under CVD and diabetes subheading. - Add “<i>retinopathy screening and glycaemic control for people with diabetes</i>” – <math>\\$</math>Int12100 and <math>\\$</math>Int1950 per DALY averted in AFRO and SEARO regions respectively. <p><small>(Ortego, M., Lim, S., Chisholm, D., & Mendis, S. (2012). Cost effectiveness of strategies to combat cardiovascular disease, diabetes, and tobacco use in sub-Saharan Africa and South East Asia: mathematical modelling study. <i>Bmj</i>, 344(mar02 1), e607–e607. doi:10.1136/bmj.e607)</small></p> <p>Expanded interventions:</p> <p>Unhealthy diet:</p> <ul style="list-style-type: none"> - <i>Maternal and child health nutrition programmes, including promoting exclusive breastfeeding for six months.</i> - <i>Regulation to reduce sugar content in processed foods and beverages.</i> <p>Physical Activity</p> <ul style="list-style-type: none"> - <i>Remove structural barriers to, and promote physical activity, within the built environment - including support for active transport strategies.</i> <p>Diabetes:</p> <ul style="list-style-type: none"> - <i>Establish and maintain annual cycles of physical, clinical and biomedical assessment (including foot and eye examination) to detect and treat diabetes complications.</i> - <i>Offer self-management education to people with diabetes at diagnosis, relevant points across the continuum of care, and changes to health status.</i> - <i>Lifestyle interventions, involving a combination of diet and physical activity, for preventing type 2 diabetes in those at high risk (impaired IGT or IFT)</i>
<p>Strengthen objective 4 on health systems, ensuring progress in diabetes awareness, risk assessment and early detection at primary care level; clear referral pathways and mechanisms to care at secondary and tertiary level; greater focus on self-management education; and a fully equipped health workforce.</p>	<p>Strengthen coverage for diabetes in health systems by editing the following action points:</p> <ul style="list-style-type: none"> - <i>“Ensure coverage of early detection and treatment as a cost-effective means to avoid and delay serious complications and premature death from diabetes.”</i> - <i>“Ensure integration between primary, secondary and tertiary care promotes the continuity of care and reduces duplication by establishing: clearly defined referral pathways and mechanisms for diagnosis, treatment and palliative care services at secondary and tertiary service levels; clear roles, functions and responsibilities; and formal mechanisms for the planning, delivery and results of vertically integrated care.”</i> <p>Increase the focus on self-management education by adding or editing the following:</p> <ul style="list-style-type: none"> - <i>“Take action to empower people with NCDs to manage their own condition better and provide education, incentives and tools for self-care and self-management both at diagnosis and across the life course, based on evidence-based guidelines including through information and communication technologies”.</i> - <i>“Where resources allow, ensure self-management education is offered to people with diabetes at the point of diagnosis and throughout stages of the life course, where resources allow”.</i> <p>Support the emphasis on primary care within human resource development, but highlight the need for multidisciplinary teams, which involve range of specialist health workers and disciplines (including social support), to provide on-going care for complex and lifelong NCDs. This will demand concerted action to train and equip health workers to respond to diabetes and integrating self-management education for people with diabetes, their families and carers into the health worker curriculum.</p>
<p>Fully recognise and advance action on the synergies diabetes shares with maternal newborn child health (MNCH), mental disorders, and communicable diseases</p>	<p>Strengthen Appendix 1: Synergies to include:</p> <ul style="list-style-type: none"> - A stand-alone section on MNCH in Appendix 1: Synergies to fully recognises the connections with diabetes, specifically Gestational Diabetes Mellitus (GDM), diabetes in pregnancy, and early life prevention of diabetes and NCDs. - Fully recognise the synergies diabetes shares with: communicable diseases (in terms of HIV/TB and Malaria) and mental disorders (depression, dementia, Alzheimer’s, anxiety and stress). <p>In Objective 4 – Action for Member States, include action on the integration of NCDs within existing health services:</p> <ul style="list-style-type: none"> - As mandated in the UN Political Declaration, integrate diabetes and GDM into MNCH health services, including through screening and health worker training;

	<ul style="list-style-type: none"> - Integrate diabetes/NCDs into the response to communicable diseases – including human resources, health information systems, service delivery and access to essential medicines <p>Incorporate the synergies between diabetes and MNCH in Appendix 4: Proposed Action for UN Agencies (specifically UNFPA and UNWOMEN) to drive integrated action on diabetes and MNCH policies, programmes and women’s health services.</p>
<p>Commend WHO’s strengthened proposals in the promotion of a healthy diet – particularly for reducing portion size and energy density to limit excess calorie intake – and recommends additional actions to combat the global diabetes and obesity epidemic.</p>	<p>In Objective 3 – Action for Member States on Healthy Diet, IDF strongly supports WHO’s addition of actions on excess calorie intake, and recommends the addition of the following:</p> <ul style="list-style-type: none"> - Rewording to ensure Member States “<i>Adopt, implement and resource</i>” national nutrition and action plans. - Public campaigns, nutrition education and nutrition labeling should include an emphasis on overconsumption of energy dense and nutrient poor foods, including beverages high in free sugars. - Strengthen multisectoral action to increase access to healthy foods through farming, procurement, processing, distribution and sales, including cooperation with agricultural ministries and the agricultural sector. The NCD Alliance’s proposal for a Global Coordination Mechanism (GCM) will be critical in driving concerted multisectoral action within the food system in this regard. - Where resources permit, include specific reference to nutrition counseling and physical activity to encourage weight loss in high risk populations.
<p>Strengthen prevention of risk factors with broader focus on building health promoting environments, and addressing the social and environmental determinants of health.</p>	<p>In Objective 2 – Action for Member States to strengthen policy consistency, advance the implementation of the Health in All Policies (HiAP) approach in all relevant sectors and ensure health impact assessment of public policies.</p> <p>In Objective 3 – Action for Member States on Physical Activity, IDF recommends the following:</p> <ul style="list-style-type: none"> - Include action to reduce sedentary behaviour (for example in schools and the workplace) and not just increase physical activity, as this is a strong risk factor for diabetes, obesity and NCDs. - Strengthen policy measures on urban planning and transport to: secure political commitment from city authorities and mayors; and prioritise safe, healthy, equitable and low carbon transport with car restrictions and incentives for active travel.
<p>Provide robust recommendations for Member States to drive urgent progress diabetes and NCD monitoring and surveillance.</p>	<p>In Objective 6 – Action for Member States, urgently address the major gaps and barriers to diabetes and NCD surveillance:</p> <ul style="list-style-type: none"> - Update legislation on privacy and data protection, in accordance with international ethical regulations, to allow the collection and processing of health information for diabetes and NCDs. This would include specific focus on how countries and regions can collect data from multiple sources, including healthcare administrative data, mortality/disease registries, and risk factors and pharmaceutical prescriptions. - Organise population wide data collection by solid and standardized epidemiological methods, and through low-cost open source software that can be freely exchanged and adaptable without restrictions for use in low resource settings. - Adopt frameworks for disease registries that are not specific to a single disease, but that can be adapted to any NCD. <p>In Objective 6 – Action for Secretariat, IDF recommends:</p> <ul style="list-style-type: none"> - The commitment to undertake “periodic” assessment of national capacity to assess and respond to NCDs should specify the frequency of monitoring. - Establish guidelines for data collection and statistical processing to which Member States should adhere, in order to permit accurate comparisons between countries. - Develop open source technology to allow secure sharing of NCD data across borders and guidelines, and best practice for setting up interdisciplinary teams in order to strengthen information infrastructure. - Disseminate examples of best practice in data processing and statistical analysis and programmes to enable sharing of successful practice across countries and regions.
<p>Calls for significant strengthening of the human rights principle within the GAP – including gender to be reinstated as overarching principle, and</p>	<p>Strengthen the human rights principle within the GAP, particularly to include gender equality as fundamental to the rights based approach within health and development:</p> <ul style="list-style-type: none"> - The principles and approaches of the GAP previously stressed that strategies to prevent and control NCDs must be formulated and implemented in accordance with international human rights instruments, and specifically included gender equality and equity. Given the disproportionate burden of diabetes and NCDs that women bear – in terms of risks, health outcomes and care giving – it is highly concerning that this reference has been removed.

<p>actions to alleviate discrimination and stigma for people with diabetes which pose a major barrier to prevention, treatment and care.</p>	<ul style="list-style-type: none"> - Urge WHO to align this section to current UN human rights approaches and suggest the following language as affirmed at the UN Conference on Sustainable Development (Rio+20) in June 2012 – including recognition that <i>“the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, as enshrined in the WHO constitution and the Universal Declaration of Human Rights and related human rights instruments. Reaffirm the responsibilities of all States to respect, protect and promote human rights and the fundamental right to health without distinction of any kind as to race, colour, sex, gender, language, religion, political or other opinion, national or social origin, property, birth, disability or other status.”</i> <p>In Objective 1, IDF recommend inclusion of the following:</p> <ul style="list-style-type: none"> - Member States generate more evidence for advocacy on the stigma, discrimination and inequality that pose a major barrier to prevention, treatment and management of diabetes and NCDs, particularly in areas such as marriage, employment and schools and in high-risk groups such as women and indigenous people. - WHO Secretariat to provide policy guidance to address discrimination and stigma related to diabetes and NCDs, particularly on advancing supportive legal frameworks
<p>Include a clear definition and set of actions for international partners – specifically for civil society and a Division of Labour for UN Agencies – within the GAP, and strengthen the sections on resources and reporting.</p>	<p>Include the following action points for how NGOs and people with diabetes will participate in national multisectoral responses in Objective 2:</p> <ul style="list-style-type: none"> - Include people with diabetes/NCDs, relevant NGOs and patient groups, and Health Care Professionals (HCPs) in the development and implementation of multisectoral plans and partnerships for diabetes and NCDs. - Convene regular meetings of multisectoral partnerships and platforms which include civil society and NGO representatives. - Support capacity building of diabetes/NCD related NGOs at national and regional levels, as committed in the UN Political Declaration. - Create an enabling environment for civil society monitoring, accountability mechanisms and shadow reporting. <p>Appendix 4 to include an ambitious and comprehensive Division of Labour (DoL) for UN Agencies. WHO, as the lead UN Agency for the Plan, needs to be supported by all relevant UN Funds, Programmes and Agencies to implement the GAP. The DoL would include the following actions for diabetes:</p> <ul style="list-style-type: none"> - UNFPA’s mandate to include a particular focus on identifying and treating women with GDM. The inclusion of diabetes and GDM as their role will be crucial in addressing this neglected maternal health issue. - UNWOMEN to include a specific focus on the diabetes, maternal malnutrition, MNCH and the life course approach within a gender based approach to NCDs. - ITU to include specific focus on maintaining a healthy weight, staying physically active and leading a healthy diet within the m-Health health promotion initiative. - UNHABITAT to support city authorities, urban planners and mayors to prevent diabetes/NCDs through cities that prioritise safe, equitable and low carbon transport measures, physical activity and social interaction. - FAO to include overnutrition and obesity in its advocacy and policy agenda and mandate. <p>Strengthen the sections on resources and reporting within the GAP by including:</p> <ul style="list-style-type: none"> - In Objective 1 – Action for Member States, add significant increase in the allocation of Official Development Assistance (ODA) for diabetes and NCDs as a priority action point, ensuring that bilateral and multilateral donors honor commitments in the Paris Declaration on Aid Effectiveness and Busan Partnership for Effective Development Cooperation. - Include specific reference to the proportion of the WHO Programme Budget 2014-2015 allocated to NCDs (currently 8%) that will fund WHO’s implementation of the GAP and GCM. It is critical that Member States and extra-budgetary donors fully equip the organisation to tackle diabetes and NCDs, and fully fund the Secretariat’s implementation of the GAP, through the proposed “financing dialogue” in 2013. - Include a clear and robust and reporting cycle to measure progress on the GAP and promote accountability for diabetes and NCDs. This can build on the successes of the HIV/AIDS response and include biennial reporting on the global targets to WHA and UN High Level Reviews of NCDs every five years.