NCD HARD TALKS
DELIVERING ON THE PROMISES

WEBINAR
05 MAY 2022 | 13-14:30 CEST

Another meeting, Another commitment. WHAT NOW?

INTERNATIONAL STRATEGIC DIALOGUE AND OUTCOMES
Thank you for joining

- This webinar will be recorded.
- Links to the recording and all slides will be shared.
- Please participate in the discussion by sharing your questions in the Q&A box. Experts are invited to type their answers throughout the session.
- General comments can be shared in the chat box.
- Please be respectful - we are here to learn and exchange ideas.
Agenda

- Welcome
- The International Strategic Dialogue on NCDs and SDGs: What did we learn?
- Video message from the Prime Minister of Thailand
- Moving the mountains: Efficient pathways and strategic investments to accelerate progress on NCDs
- Investment channels for NCD: Financial realities of implementing a strong NCD response
- Engaging partners to fulfill the NCD promise
- Video message from the Minister for Health of Denmark
- Moderated discussion and Q&A
Introductory remarks

Dr Ren Minghui
Assistant Director General, Universal Health Coverage / Communicable and Noncommunicable Diseases, WHO
The International Strategic Dialogue on NCDs and SDGs: What did we learn?

Dr Bente Mikkelsen
Director, WHO Department for NCDs
Building national momentum for NCDs
Ghana National Strategic Roundtable on NCD
11 April 2022

Objectives

• Provide an **avenue for partners to discuss sustainable support** (domestic and international) to drive implementation of the NCD agenda in country towards achieving SDG 3.4

• **Official launch of the National NCDs Policy, Strategy and the Kente NCD Program in Ghana**

• **Strategic partnerships** for NCD prevention and control

• **Awareness creation** and early detection and management of NCDs

• **Ensuring sustainable financing** for the prevention and control of NCDs
Building national momentum for NCDs

Strengthening partnerships

- Dynamic **panel discussion** on multi-stakeholder approach for achieving optimal, sustainable and equitable NCD prevention and control in Ghana.
  - Firsthand account from a person living with NCDs
  - Financing through health insurance schemes
  - Using religious authority to invest in life, not death

- **Follow-up meeting with partners** in Ghana working on NCDs: PATH, Medtronic LABS, PharmAccess, and Ghana Health Service, with subsequent NCD Forum planned
International Strategic Dialogue on 12 April 2022

Co-hosted by
• Excellency President of Ghana,
• Prime Minister of Norway,
• DG WHO

Objective
• To raise the priority on NCDs
• To bring together national and international actors and partners to exchange knowledge and ideas on what would it take globally for LMICs to achieve SDG 3.
• To raise the political visibility of Heads of State and Government who are providing a strategic leadership role in the prevention and control of NCDs to a global level.
“Strengthen our commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination through whole-of-government and health-in-all-policies approaches and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated bold whole of society action and response”

Paragraph 17 of resolution A/RES/73/2: https://undocs.org/en/A/RES/73/2
Highlights of the International Strategic Dialogue on 12 April 2022

Address by Co-hosts
• President of Ghana
• Prime Minister of Norway
• WHO Director General

Messages from Heads of State
• Thailand
• Timor-Leste
• Barbados

Messages from First Ladies
• Ghana
• Congo
• Belize
• Bahamas

Message from Global NCD Ambassador
Michael Bloomberg

1000+ viewers online
200+ in person attendees
Aim to accelerate progress towards SDG 3.4 and 3.8 by 2030 by calling on countries to align strategies and operations with commitments to accelerate and scale up the global collective efforts to prevent and control NCDs and achieve UHC.
Global NCD Compact 2020-2030

From Commitments

1. **Save lives** of 50 million people from dying prematurely of NCDs.

2. Protect lives of 1.7 billion people living with NCDs during humanitarian emergencies, through preparedness and health emergency risk management.

3. Cover all people with quality **essential health services and medicines** and health products for NCD prevention and control by integrating NCDs into PHC and UHC.

4. Cover all countries with **comprehensive NCD surveillance and monitoring** actions.

5. Meaningfully engage 1.7 billion people living with NCDs and mental health conditions to encourage Governments to develop more ambitious national NCD responses.

To Actions

- Engage
- Accelerate
- Invest
- Align
- Account
Global NCD Compact 2020-2030

1. ENGAGE
Engage with UN agencies, academia, non-governmental organizations, philanthropies, the private sector, civil society, and people with lived experiences of NCDs and mental health conditions to make progress and tailor NCD interventions to national health system contexts and population needs and raise the priority and fulfil the commitments made for the prevention and control of NCDs. This will include new ways to strengthen collaborations in resourcing, knowledge-sharing and technical assistance for bolder national NCD responses.

2. ACCELERATE
Accelerate country action, based on the NCD Implementation Roadmap 2023-2030, by implementing the best-buys and WHO NCDs technical packages including: PEN, HEARTS, MPOWER, SAFER, SHAKE and ACTIVE; and also including reorientation of PHC and strengthening of health systems; acceleration of socioeconomic development, promoting health security, and consolidating global health sustainability.

3. INVEST
Invest adequate, predictable, and sustained resources for the prevention and control of NCDs, through domestic, bilateral, and multilateral channels including through the Multidonor Trust fund on NCDs and develop Global health and development strategies for the prevention and control of NCDs in LMIC as appropriate.

4. ALIGN
Align the NCD agenda by integrating it in the preparedness and response to humanitarian emergencies and environmental changes; reproductive, maternal, newborn and child health; HIV and TB; and reorient PHC and build resilient health systems, services and infrastructure to prevent and treat people living with NCDs and maximise health outcomes.

5. ACCOUNT
Account to prioritize interventions, assess implementation and learn from the impact of NCD prevention and control through strengthened surveillance and monitoring to obtain reliable and timely data at national and subnational levels on NCD risk factors, diseases, mortality, and systems. Use NCD-related indicators in health systems performance and access to health care metrics for data driven action to scale up and deliver the most feasible and impactful interventions.
Global Group of Heads of State and Government for the Prevention and Control of NCDs (NCD Presidential Group)

The NCD Presidential Group is

- An initiative of political leaders that are intensifying their efforts to deliver on the promise to PLWNCDs.
- An informal, voluntary and collaborative arrangement.
- A collective effort to take ownership in implementing the first operative paragraph of the 2018 Political Declaration of the UNGA on NCDs.
- Inspiring bold political choices and commitment on NCD, and promoting the WHO Best Buys

How to Join

- Any Head of State or Government of a WHO Member State who is actively engaged in the process of creating ownership at the national level to achieve SDG target 3.4 can signal their intention of joining the Group by responding to the invitation to join and speak at the annual meeting.

Governance

- Chairperson will chair the annual meeting of the Group. The first Chairperson is the President of Ghana.
- Regular reporting to WHA and UNGA and further develop the NCD Compact during its annual meeting at the start of the General Debate at the United Nations General Assembly in September in New York.
Draft Global First Spouses Network on NCDS and Health

To facilitate and catalyze social and public health initiatives, at the global level for the prevention and control of NCDS, in support of the implementation roadmap for the prevention and control of NCDs covering the period 2023-2030…

To facilitate the exchange of information among interested first ladies and spouses of Heads of State and Government on how to best facilitate bold political choices and commit to the remaining years of intensive efforts to scale up national responses to attain SDG target 3.4.
International Strategic Dialogue on NCDs and SDGs in Ghana
Outcomes and looking ahead

• Report to WHA with outcomes
• Promoting the Global NCD Compact 2020-2030
• Advocacy for leaders to join the Global Group of Heads of State and Government for the Prevention and Control of NCDs (NCD Presidential Group)
• Planning for UNGA September 2022 for the First Meeting of the NCD Presidential Group
• Development and convening of the Global First Spouses Network
• Advocacy for countries to host National Roundtables and accelerate action
Looking forward to the Fourth high-level meeting on NCDs in 2025

REPORT on the progress in implementation of the NCD interventions and achievement of the NCD targets.

ADOPT a new, ambitious and achievable Political Declaration on NCDs setting the vision for the next decades.

ADVANCE and accelerate the global NCD response between 2025 and 2030, and place countries on a sustainable path into the next decades.
What does success look like in 2025 and 2030?

Member states
Achieving the NCD and the SDG targets

• UNHLM commitments set
• Partners investing in NCD

People living with NCDs empowered

What does success look like in 2025 and 2030?
THANK YOU

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Dr Temo Waqanivalu
Unit Head, WHO NCD Integrated Service Delivery
Moving the mountains: Efficient pathways and strategic investments to accelerate progress on NCDs

Dr David Watkins
Assistant professor in the Division of General Internal Medicine and in the Department of Global Health, University of Washington
NCD Countdown 2030: Efficient Pathways for Accelerated Progress: Costs, and Resource Needs in Low- and Middle-Income Countries

David A. Watkins, MD, MPH
Assistant Professor of Medicine and Global Health | University of Washington
PI, BCEPS | Series Editor, Disease Control Priorities, 4th Edition
BCEPS Network Meeting | 2 May 2022
• By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

• By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

• By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

• By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

• Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

• By 2020, halve the number of global deaths and injuries from road traffic accidents

• By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

• By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

• Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

• Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

• Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

• Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Country performance

Country performance
Developing Countdown “intervention” paper

• Identified key NCD interventions from DCP3 (aligned w/ WHO)
• Leveraged analyses done for DCP (e.g., cost modelling, Lancet Global Health, 2020) to model intervention costs and health consequences
• Looked at “pathways” to achieving SDG 3.4 target
  • De novo analysis of intervention cost-effectiveness by country/region
  • Fed into algorithm that determined mix of interventions that would achieve target at lowest cost, disaggregated by world region
  • Estimated global “price tag” and return-on-investment from achieving SDG 3.4
• Final section of paper on implementation and financing options
NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries

Most countries have made little progress in achieving the Sustainable Development Goal (SDG) target 3.4, which calls for a reduction in premature mortality from non-communicable diseases (NCDs) by a third from 2015 to 2030. In this Health Policy paper, we synthesise the evidence related to interventions that can reduce premature mortality from the major NCDs over the next decade and that are feasible to implement in countries at all levels of income. Our recommendations are intended as generic guidance to help 123 low-income and middle-income countries meet SDG target 3.4; country-level applications require additional analyses and consideration of the local implementation and utilisation context. Protecting current investments and scaling up these interventions is especially crucial in the context of COVID-19-related health system disruptions. We show how cost-effectiveness data and other information can be used to define locally tailored packages of interventions to accelerate rates of decline in NCD mortality. Under realistic implementation constraints, most countries could achieve (or almost achieve) the NCD target using a combination of these interventions; the greatest gains would be for cardiovascular disease mortality. Implementing the most efficient package of interventions in each world region would require, on average, an additional US$18 billion annually over 2023–30; this investment could avert 39 million deaths and generate an average net economic benefit of $2.7 trillion, or $390 per capita. Although specific clinical intervention pathways would vary across countries and regions, policies to reduce behavioural risks, such as tobacco smoking, harmful use of alcohol, and excess sodium intake, would be relevant in nearly every country, accounting for nearly two-thirds of the health gains of any locally tailored NCD package. By 2030, ministries of health would need to contribute about 20% of their budgets to high-priority NCD interventions. Our report concludes with a discussion of financing and health system implementation considerations and reflections on the NCD agenda beyond the SDG target 3.4 and beyond the SDG period.
Identifying priority interventions

• 42 of 218 clinical interventions in DCP3 address NCD4 causes
  • 15 of these could reduce NCD4 mortality by 2030
  • Remaining 26 are rehabilitative/palliative, long-term preventive (e.g., HPV vaccine), or address NCDs in children (e.g., pediatric cancer care) and therefore don’t contribute to SDG 3.4 target (although important for UHC)

• 27 of 71 intersectoral policies in DCP3 address NCD4 causes
  • Tobacco and alcohol control policies (incl. taxes) have strongest evidence
  • Others (e.g., air pollution control) likely important but difficult to generalize

• Compared DCP3 list to WHO Global Action Plan on Non-Communicable Diseases (“Appendix 3”) – generally, high concordance
<table>
<thead>
<tr>
<th>COMMUNITY HEALTH CENTER</th>
<th>FIRST-LEVEL HOSPITAL</th>
<th>REFERRAL/SPECIALITY HOSPITAL</th>
<th>INTERSECTORAL POLICIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary rehabilitation</td>
<td>CVD primary prevention</td>
<td>Medical management of ACS</td>
<td>PCI for ACS</td>
</tr>
<tr>
<td>HBV immunization (all infants)</td>
<td>CVD secondary prevention</td>
<td>Heart failure acute treatment</td>
<td>Management of severe acute asthma/COPD</td>
</tr>
<tr>
<td>HPV immunization (school-aged girls)</td>
<td>Aspirin for suspected ACS</td>
<td>Cervical cancer screening + treatment</td>
<td>Treatment of early-stage breast cancer</td>
</tr>
<tr>
<td>Heart failure chronic treatment</td>
<td>Asthma acute treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma/COPD chronic treatment</td>
<td>COPD acute treatment</td>
<td>Treatment of early-stage colorectal cancer</td>
<td>Smoking regulations and IEC</td>
</tr>
<tr>
<td>Diabetes screening/treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CKD screening/treatment</td>
<td></td>
<td></td>
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<tr>
<td>RHD primary prevention</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>RHD secondary prevention</td>
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</tbody>
</table>

- All interventions can reduce NCD mortality
- Red interventions can substantially reduce NCD4 mortality by 2030
- 43 other NCD interventions or policies not included (see previous slide)
Key messages
1. NCD interventions are very cost-effective

- 5 of 17 interventions <0.1x GDPpc per DALY averted
- Additional 6 of 17 <0.5x GDPpc per DALY averted
- Broad consistency across regions
- Tobacco and alcohol policies not analyzed (CEA not relevant) but known to be cost-beneficial
2. Interventions can accelerate progress, especially for CVD and diabetes

- Projected annual rate of change in cause-specific mortality (123 L/MICs)
- Purple = historical (‘15-’19)
- Yellow = historical + projected (‘15-’30) w/ intervention scale-up ’23-’30
3. Optimal, cost-minimizing mix of interventions varies by world region

- L/MIC on the whole, and 55% of specific countries, could achieve 3.4 target
- Risk reduction is not enough; clinical care is needed
- Scale-up constraints are major reason for not achieving target
4. More resources needed; ROI high

- An additional US$140bn needed in 123 L/MICs
- US$18bn annually (US$2.6 pc)
- Cumulative 39 million deaths averted
- VSL → 2.7 trillion in benefits
- BCR: 19 (range 5.4 to 27)

<table>
<thead>
<tr>
<th>Region</th>
<th>Total cost of no additional action (billions)</th>
<th>Total cost of accelerated progress (billions)</th>
<th>Incremental cost (billions)*</th>
<th>Total deaths averted (thousands)</th>
<th>Cost per death averted</th>
<th>Incremental annual cost per capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America and Caribbean</td>
<td>$320</td>
<td>$35</td>
<td>$35</td>
<td>3600</td>
<td>$9800</td>
<td>$6.8</td>
</tr>
<tr>
<td>Central and eastern Europe</td>
<td>$160</td>
<td>$170</td>
<td>$12</td>
<td>1900</td>
<td>$6200</td>
<td>$4.5</td>
</tr>
<tr>
<td>Central Asia, the Middle East, and north Africa</td>
<td>$190</td>
<td>$200</td>
<td>$70</td>
<td>2400</td>
<td>$3000</td>
<td>$1.4</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>$45</td>
<td>$54</td>
<td>$93</td>
<td>3400</td>
<td>$2700</td>
<td>$1.0</td>
</tr>
<tr>
<td>South Asia</td>
<td>$160</td>
<td>$180</td>
<td>$21</td>
<td>14000</td>
<td>$1500</td>
<td>$1.4</td>
</tr>
<tr>
<td>East and southeast Asia</td>
<td>$1000</td>
<td>$1100</td>
<td>$57</td>
<td>14000</td>
<td>$4200</td>
<td>$3.3</td>
</tr>
<tr>
<td>Oceania</td>
<td>$1.1</td>
<td>$1.7</td>
<td>$0.56</td>
<td>80</td>
<td>$7000</td>
<td>$6.6</td>
</tr>
<tr>
<td>All low-income and middle-income countries</td>
<td>$1900</td>
<td>$2000</td>
<td>$140</td>
<td>39000</td>
<td>$3600</td>
<td>$2.6</td>
</tr>
</tbody>
</table>

Costs are in 2020 US dollars. Costs and deaths averted are totals over 2023–30. Average annual costs reported in the main text are calculated by dividing these costs by 8 years. Numbers might not add up exactly due to rounding. For a list of countries in each world region see appendix p 36. *Incremental cost is the difference of the total cost of accelerated progress and the total cost of no additional action.

Table 3: Costs and benefits of achieving the Sustainable Development Goal target 3.4 through scale-up of priority non-communicable disease interventions, by world region
5. The role of the medical system

• Risk reduction (tobacco, alcohol, salt, TFA) very effective but takes years to begin realizing mortality benefits
• Paper adds value to WHO best buys by identifying cost-effective medical interventions (counters concerns that NCDs aren’t C-E)
• Much of the short-term NCD mortality reduction (and SDG 3.4) could be achieved by improving quality of care, esp. acute care systems
• Importance of investing in first-level and referral hospitals, esp. for essential specialized care (e.g., breast and colorectal cancer tx)
6. The need for R&D for intervention scale-up

- Data from HTN surveys suggests 1-2% per year ↑ coverage
  - <0.5% per year in most L/MIC
  - Assumed 2.5% in our modeling (accelerated scale-up)
  - 55% of countries achieve target

- If interventions could be scaled as fast as ART (4-5% per year), 83% of countries achieve target
  - Need more $ for delivery science
NCD financing messages

- By 2030, ~20% of L/MIC budgets for high-priority NCD interventions
- Top priority: enhance public finance (taxes and SHI) in general
- Advocate for removal of harmful fossil fuel and agricultural subsidies
- MICs: innovative finance in selected disease areas (max. 5-10% need)
- LICs: work w/ development agencies to integrate NCD capacity-building into funded RMNCH/ID projects (i.e., PHC strengthening)
- Finance ministers:
  - Financial protection benefits of public finance of NCD interventions
  - Use of HTA and CE evidence for a “disciplined” approach to health spending
Acknowledgements

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• **Funding:** Trond Mohn Foundation, Norwegian Agency for Development Cooperation
Thank you

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Investment channels for NCD
Financial realities of implementing a strong NCD response

Dr Lydia Dsane-Selby
Former Chief Executive of the National Health Insurance Authority, Ghana
Engaging partners to fulfill the NCD promise
Moderated discussion and Q&A
Thank you for joining

See you next time