Briefing Paper



Using the Task Force as a platform for joint programming missions to support countries and United Nations country teams to strengthen their responses to NCD-related SDGs and broader public health goals

Issue

1. Opportunities for the Task Force to provide a platform for joint programming missions to support countries and United Nations country teams to strengthen their responses to NCD-related SDGs and broader public health goals.

Recommendation

- 2. Taking into account the joint NCD and TB mission to Nigeria, undertaken 24-28 February 2020 co-led by the Task Force and the WHO Global TB Programme under the platform of the Task Force as well as other joint missions, alongside relevant global plans and resolutions (Annex 1) the Task Force should build on these experiences to be a platform for joint programming missions on NCDs and one or more of the following:
 - i. sexual and reproductive health and maternal and child health;
 - ii. broader health system strengthening/UHC/primary health-care level;
 - iii. social, economic, commercial and environmental determinants of health;
 - iv. communicable disease programmes, including building back better during and post COVID-19; and
 - v. road safety.

Background

- 3. The 14th Task Force Meeting (4-5 March 2020) was provided with an update on the joint NCD and tuberculosis mission to Nigeria, undertaken 24-28 February 2020 co-led by the Task Force and the WHO Global TB Programme under the platform of the Task Force. Fifteen agencies participated in the mission. Following the update, Task Force members asked the Secretariat to summarize opportunities for future missions on NCDs and other public health issues.
- 4. In addition to driving forward action on NCDs and TB, the Nigeria mission identified areas for joint action across NCDs and tuberculosis which are summarized in <u>Annex 2.</u>
- 5. By combining forces on two important public health challenges, the mission was able to engage with government ministers and parliamentarians at high level and discuss key public health issues in the broad context of universal health coverage (UHC) and development.
- 6. The Task Force Secretariat has also combined forces with the FCTC Secretariat on two occasions to undertake joint NCD and FCTC Needs Assessment missions. The joint mission to Zambia included road safety.

Lessons learnt from the Nigeria NCD/TB, NCD/FCTC Needs Assessment, and Zambia NCD/road safety missions to guide future joint missions

7. There are lessons that can be learnt from the Nigeria mission that can be applied to future missions. They relate mainly to the additional complexity with regards logistics, agenda, structure and size of team as well as political buy in and agreeing clear processes and outcomes ahead of the mission.





Annex 1. relevant global plans and resolutions

Paragraph 30 (e) of the 2014 Outcome document of the high-level meeting of the General Assembly on NCDs included a national commitment to, 'continue to promote the inclusion of prevention and control of NCDs within programmes for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programmes, such as those addressing tuberculosis, as appropriate'. ¹

Paragraph 39 of the 2018 Political Declaration of the third high-level meeting of the General Assembly on NCDs included a commitment from Heads of State and Government to 'integrate, as appropriate, responses to non-communicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages'.²

Objective 4 (of the WHO NCD Global Action Plan, 2013-2030 includes under policy options for Member States, 'reviewing existing programmes, such as those on nutrition, HIV, tuberculosis, reproductive health, maternal and child health and mental health including dementia, for opportunities to integrate into them service delivery for the prevention and control of NCDs.³

ECOSOC, in Paragraph 6 of the 2019 resolution on the work of the Task Force requested the Task Force 'to continue strengthening the inter-agency work, including by engaging with relevant stakeholders, as appropriate, to achieve public health goals'.⁴

Linkages with Global Action Plan for Healthy Lives and Well-being for All,⁵ which commits to: (i) more purposeful, systematic, transparent and accountable collaboration across health, development and humanitarian efforts; (ii) harmonizing the operational and financial strategies and policies of the partners in support of countries; and (iii) enabling better use of existing resources as a result of improved collaboration. Nine of the 12 Global Action Plan partners are also members of the Task Force and many Task Force agency focal points are also members of the Global Action Plan Accelerator Groups.

¹ https://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1

² http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2

³ Objective 4 is to strengthen and orientate health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and UHC).

http://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?sequence=1&ua=1

⁴ https://undocs.org/pdf?symbol=en/E/2019/L.16

⁵ Stronger collaboration, better health. Global Action Plan for Health Lives and Well-being for All.

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Annex 2. Opportunities for aligning action for the prevention and control of NCDs and TB and promoting their integration within primary care⁶

Governance

- Ensure synergies across national strategies, policies and programmes for TB and NCDs.
- Provide mutual seats on CCMs and NCD coordination mechanisms.
- Embed TB and NCDs in national development planning instruments.
- Strengthen surveillance systems to capture and monitor the burden and collaborative action on related co-morbidities.
- Regulations to reduce advertising/marketing of sweetened beverages and highly processed foods to children and child dominant areas and TV/internet programmes.

Financing

- Explore the potential for funding national NCD and TB programmes through increased taxes on health-harming products (tobacco, alcohol, sugar-sweetened beverages, fossil fuels).
- Find cost-efficiencies on health promotion and HSS activities by better aligning NCD and TB programmes.
- Work with international development partners to align externally-funded programmes for TB and NCDs.
- Model the financial benefits of integrating TB and NCD services, and advocate for them.

Non-health sector interventions

- Jointly address and prioritize the non-health sector determinants of TB and NCDs.
- Work to minimize exposure to air pollution and improve waste management.
- Support policies to improve access to adequate housing.
- Awareness and communication on the prevention and management of NCDs and TB in all forms of media.

Clinical interventions

- Adopt and implement WHO-recommended policy on TB and diabetes, i.e. scale up bidirectional screening and co-management of TB and diabetes.
- Screen CVD patients for latent TB infections and vice versa.
- Ensure the provision of mental health services to people about to initiate, and under treatment for TB (including MDR-TB) and NCDs.
- Introduce brief interventions and/or referral mechanisms for tobacco use, alcohol and substance use disorders for TB patients.
- Ensure early diagnosis and treatment of TB, COPD and lung cancer through strengthened collaboration between related services and implementation of the Practical Approach to Lung Health.

⁶ Taken from Annex 3, Report of the Joint United Nations High-Level Mission on Non-communicable Diseases and Tuberculosis