NCD Alliance Response: Preliminary Draft Report of the WHO Independent High-level Commission on NCDs  
16 May 2018

Overarching comments:

- Given the context and the understanding that the WHO High-Level Commission report is feeding into the negotiations of the UN High-Level Meeting on NCDs, the HLC should focus on two main areas:
  1) What are the major gaps in the NCD response that require sustained political attention and leadership?
  2) What are the new, bold and innovative approaches that have been underexplored and under-utilised in the NCD response?

- To this end, while the HLC should not ‘reinvent the wheel’ nor reopen technical elements of the NCD response, there is an opportunity for the HLC to be making some strong political statements and calls to action on issues that are off track or have not received sufficient traction. Accelerating the response will not just be fuelled by being innovative and coming up with the ‘bold and new’ ideas – it will also require reinforcing existing concepts and approaches that are evidence-based and cost-effective, but which are not currently well implemented.

- A major omission in the current draft of the HLC report is lack of focus on civil society and the importance of engaging and empowering people living with NCDs and those affected. In order to accelerate the NCD response at national and regional levels, a vibrant and strong NCD civil society movement is a prerequisite. We therefore propose to expand recommendation 2, currently on the topic of ‘the private sector’ to ‘constructive engagement with non-state actors’; and for specific bullets to be added under an additional sub-heading ‘increase engagement and support for civil society and people living with NCDs’.

- Another weakness in the current draft is lack of focus on improving access to care for people with NCDs and the progressive realisation of universal health coverage to support NCDs. We therefore recommend an additional recommendation on this theme, which could include for example strengthening the capacity of the health workforce to address NCDs; regional and sub-regional mechanisms for pooled procurement for essential medicines; prioritisation of self-care; and patient education.

Executive Summary:

- The Executive Summary should be drafted in a more compelling tone and shortened significantly. It is currently too technical somewhat bland. Given this report is being developed with input from political leaders, the tone from the outset should be more political, pithy and compelling, and in a language that speaks to other political leaders and governments to incentivise action.

- Under paragraph 15, the expansion of the ‘4x4’ approach to the NCD response, with specific reference to indoor and outdoor air pollution and mental disorders, is to be commended. This expansion is not only based on sound epidemiological grounds but will furthermore serve to mobilise a wider community to engage in the global movement against the burden and injustice of NCDs.

- Under the section on ‘challenges to implementation’, we suggest adding industry interference. This issue was raised in the WHO Executive Board paper EB142/15 and the UN Secretary General Report on NCDs. There is widespread documentation of the “unhealthy commodity industries” – big tobacco, alcohol and food – repeatedly interfering in public health policy at global and national levels.
Recommendation 1: Identify and implement a small set of priorities within the overall NCD and mental health agenda. Prioritisation is the key to achieve the scale-up that countries need to reach the SDG 3.4 target.

- This recommendation should be expanded to incorporate both political leadership and prioritisation at the country level. Even with a distilled shortlist of priority interventions, implementation will not progress in the absence of political leadership. This would open up the opportunity to incorporate recommendations such as ‘prioritising NCDs in national SDG responses’ for example.

- Countries with limited resources need to prioritise NCD issues and interventions that are strategic and smart. However, the package of interventions will vary depending on the burden, context, and system. Priority-setting is carried out within the context of a country’s national planning and costing process for NCDs. The current list of priority interventions does not appear to acknowledge the differences from country to country. It could be argued that making a strong call for implementation of all 16 Best Buys (rather than a sub-set) would be a better approach.

- If the shorter list of Best Buys remains in the report, there is a current marked absence of alcohol control from the list. We therefore suggest the addition under group a) to read: ‘Reduce harmful use of alcohol through cost-effective interventions.

- Currently the HLC makes no reference to the importance of gender, which is an important driver of NCD outcomes and the equitable distribution of those outcomes. We therefore suggest the addition of a sub-recommendation under group b) to read: ‘Ensuring that the priority interventions, whether they address the drivers, behaviours, health services or care giving elements of NCD prevention and control, are gender-responsive so as to lead to equitable and improved health outcomes.’

Recommendation 2: Increase engagement with the private sector.

- A major omission in the current draft of the HLC report is lack of focus on civil society and the importance of engaging and empowering people living with NCDs and those affected. We therefore propose expanding recommendation 2, to ‘increase constructive engagement with non-state actors’ and incorporate a sub-recommendation to ‘increase engagement and support for civil society and people living with NCDs’.

- The rationale for a stronger focus on civil society is clear. In order to accelerate the NCD response at national and regional levels, a vibrant and strong NCD civil society movement capable of delivering its four primary roles—advocacy, awareness raising, improving access, and accountability – is a prerequisite. Victories in several global health and development issues, particularly HIV/AIDS, have repeatedly reinforced the importance of strong civil society organisations and community-based efforts in accelerating action. Through close connection with communities, civil society organisations provide people affected by NCDs with an essential voice in decision-making processes. Civil society organisations have the ability to raise public demand, and engage with and apply concerted pressure on governments, to ensure that resources and services reach and benefit the affected communities. Investing in civil society should be recognised as part of the global public goods agenda.

- Under the civil society section, it would be beneficial to add bullet points to engage and support people living with and affected by NCDs. Meaningful engagement of people living with HIV contributed to the significant momentum of the HIV response, not least through the establishment of the principles for Greater Involvement of People Living with HIV/AIDS (GIPA); a process led by UNAIDS and formalised at the 1994 Paris AIDS Summit by 42 governments. GIPA are principles that aims to realise the rights and responsibilities of people living with HIV, including their right to participation in decision-making processes that affect their lives. GIPA aims to enhance the quality and effectiveness of the AIDS response and is critical to progress and sustainability. The HLC should make a similar recommendation for NCDs. Call for WHO to lead a process with governments to define the equivalent set of globally principles and standards for people living with NCDs.
• In terms of the recommendations on private sector, we suggest there should be a greater focus on management of conflict of interest (COI), particularly in relation to the unhealthy commodity industries. The title of this section should be rephrased to ‘increase constructive engagement with relevant private sector to protect and promote health’, and a bullet on the need for careful management of conflicts of interest should be added.

• The recommendation for a Health Forum for Investors is welcomed. This will provide a unique platform to engage the finance and investment community and inspire investments that support and promote health. However, the focus needs to expand beyond divestment from unhealthy products (which is critical), to mobilising significant additional finance, for example from philanthropists, impact investors, private sector investment/FDI and the mainstream capital markets. Furthermore, in order to avoid the Forum being a ‘talking shop’ with limited concrete outcome, we suggest in parallel the development of a ‘SDG 3 guidelines for the finance sector’. The SDGs have had a significant impact on the finance sector, with the introduction of health and nutrition impact measures of investment for example. This guideline would provide best practice in investments and divestments for health, and could be used as the basis for shaping the Forum.

Recommendation 3: Increase funding for action against NCDs.

• Strongly support the recommendation dedicated to NCD financing, given this remains the Achilles heel of the NCD response. Given the new WHO report Saving Lives, Spending Less, there could be a greater focus here on the investment case for NCDs and what this means for political leaders in all countries.

• We fully support the recommendation for a catalytic multi-partner trust fund for NCDs. This would build on the experience of the Global Financing Facility and fill a significant vacuum in NCDs. It will be important to secure strong political support for this Trust Fund, both from donors investing and from governments as recipients.

• The sub-recommendation on tax should be expanded to include sugar-sweetened beverages (SSBs) in addition to tobacco and alcohol, aligned with the recommendation emerging from the technical consultation to ‘maximize the use of taxation of tobacco use, alcohol beverages, as well as sugar-sweetened beverages, as contributors to risk reduction and provide guidance to countries on how to best design a package of such taxes’. The notion of a more comprehensive approach to sugar, tobacco, alcohol taxes (STAX) is compelling.

Recommendation 4: Strengthen accountability for action on NCDs.

• We strongly support the inclusion of a recommendation on accountability. While multiple sets of commitments have been adopted by governments, translation into action at national level is a major impediment to reduction in NCD morbidity and mortality. Robust accountability mechanisms are essential to track implementation and ensure progress.

• An additional sub-recommendation should be added for WHO and governments to ‘strengthen capacity of country level monitoring and accountability mechanisms’ in order to ensure robust and comprehensive data reporting, and thus monitoring, review and action. Accountability at the country level is primary.

• We fully align with the recommendation of an independent accountability mechanism for NCDs, ‘NCD Countdown 2030’, similar to the Countdown for 2030 to Maternal, Newborn and Child Health. This would complement existing WHO and UN accountability frameworks and offer significant added value in other areas outlined in the 1 May draft.

• In order to ensure robust monitoring and follow up, a final sub-recommendation should be included to hold a fourth UN High-level Meeting on NCDs, in 2022.