WHO Consultation on the outcome document ‘Pursuing policy coherence to achieve SDG target 3.4 on NCDs’

WHO Global Conference on NCDs
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Feedback from the International Society of Nephrology

INTRODUCTION

• The International Society of Nephrology (ISN) is the leading health professional organisation for global kidney care. With over 10,000 professional members from over 150 countries, ISN’s mission is to bridge gaps in global kidney healthcare and engage in collaborative efforts to improve kidney disease prevention, diagnosis and treatment. ISN is a non-state actor in official relations with the World Health Organization (WHO) since 2012.
• ISN is grateful for the opportunity to participate in the WHO web-based consultation on the version of the draft Outcome Document (OD) dated 9 August 2017.

OVERARCHING COMMENTS

• ISN welcomes the overall intention expressed in the OD to reconfirm the commitment of member states to achieve SDG 3.4.
• ISN however feels that although the OD as currently worded expresses overarching goals and targets, it lacks concrete suggestions on how to achieve policy coherence to achieve SDG 3.4 on NCDs. A stronger emphasis on NCDs as a cornerstone of individual and population health and of economic strength in the OD is needed as well as a highlighting of the need for an approach which considers NCDs specifically and public health in general in all policies.
• Furthermore, ISN is concerned about the fact that in case of insufficient domestic budgetary allocations, the OD draft seems to encourage health financing through non-sustainable and non-general budget revenues such as blending instruments and philanthropic and development cooperation funding. ISN feels that the OD should instead promote more strongly the goal of Universal Health Coverage as a domestic budget and policy priority as well as have the Member States commit to good governance, transparency and accountability in budgetary practices.
• Crucially, the OD as it stands misses the opportunity to overhaul the current approach (point 10) which disproportionately focuses on 4 “main” NCDs; therefore risking a relative neglect of other important NCDs (some of which may be risk factors or important comorbidities of these 4 main diseases, or priority NCDs in some regions e.g. kidney disease). In consequence, this creates the risk of vertical NCD targeted policies and guidelines, health systems and health financing, and R&D funding. The approach to NCDs should aim to be comprehensive and emphasize overlapping benefits and approaches (including stressing coordinated care with communicable diseases).
• The document should stress the critical importance of tracking NCDs (mentioned in point 3) such that each State may prioritize its own programs within the overarching framework of the Health in all Policies approach.

• ISN therefore strongly encourages a revision of the OD to better address the points raised above.

PROPOSED AMENDMENTS

• Specifically, the ISN suggests the following amendments of the current version of the OD:

1. **Stronger language in demonstrating the burden of NCDs and the commitment of Member States to tackling NCDs is highly recommended**

   ISN notes that the OD does not succeed in demonstrating the extent of the pandemic of NCDs by placing them in the wider context of the overall global disease burden. NCDs represent the cause of 71% of the world’s deaths and globally an astounding 39.8 million deaths can be attributed to NCDs, thus demonstrating that stepping up efforts to tackle NCDs must be a clear global health priority.

   **ISN recommends strengthening the language of Paragraph 2 of the OD to appropriately reflect the urgency to tackle the NCDs pandemic.**

   Similarly, ISN believes the commitment of Member States to step up the actions needed to meet the SDG 3.4 targets by 2030 should be more strongly worded.

   **ISN recommends that each of the 8 main actions recommended in the OD is strengthened by the sentence ‘we shall’ to be placed in front of the recommended action (e.g.: we shall (ADDITION) reinvigorate political action; we shall (ADDITION) enable health systems to respond more effectively to NCDs, etc) as per the earlier version of the OD discussed in June 2017 by the Member States.**

2. The OD should explicitly highlight the synergies amongst the 4 main NCDs and other diseases and call for a comprehensive and integrated approach to tackle the overall burden of NCDs, which leaves no patient behind.

   ISN regrets that the overall focus of the OD as currently worded seems to be on the 4 major NCDs (cancer, heart and lung diseases and diabetes) and 4 risk factors (physical inactivity, tobacco and alcohol consumption, unhealthy diet) and fails to take into account the significant burden of other NCDs, which are often closely linked to these major non-communicable diseases.

   Kidney disease for example is a condition which often results from lack of early detection and management of hypertension and diabetes, and therefore is closely linked to these diseases. A frequently underappreciated fact, furthermore, is that chronic kidney disease (CKD) alone is a stronger risk factor for coronary events than diabetes alone, and when the two conditions co-exist (which occurs in 1 in 3 patients with diabetes), the risk of cardiovascular events and overall mortality is

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1 Offline: NCDs—why are we failing? Horton, Richard The Lancet, Volume 390, Issue 10092, 346
further multiplied.

ISN feels that the OD, as currently worded, risks constituting a step back compared to the current WHO Global Action Plan (2013-2020) and its Appendix 1 which recommends a comprehensive response to the prevention and control of NCDs taking into account “synergies between the 4 major communicable diseases and other conditions”.

Appropriate screening, tracking and management of all NCDs relevant in each Member State creates significant synergies and knock-on effects for the overall well-being of the population and economies of scope for health budgets. ISN therefore strongly urges Member States to recognize the need for an integrated approach in the fight against NCDs by placing the necessary emphasis in the OD on the synergies between the 4 major communicable diseases and other diseases and recognizing the importance of tackling NCDs in a comprehensive and integrated manner which leaves no patient behind.

- ISN recommends adding the following paragraph to the OD:

3a (new). Beyond the prevention, detection and management of the major four NCDs and their four main risk factors, we are committed to a comprehensive response to the burden of all non-communicable diseases. Examples of these include cognitive impairment and other noncommunicable diseases, including kidney, endocrine, neurological including epilepsy, autism, Alzheimer’s and Parkinson’s diseases, haematological including haemoglobinopathies (e.g. thalassemia and sickle cell anaemia), hepatic, gastroenterological, musculoskeletal, skin and oral diseases, disabilities and genetic disorders which may affect individuals either alone or as comorbidities.

Recognizing that the presence of these conditions may also influence the development, progression and response to treatment of major noncommunicable diseases, we will work towards addressing NCDs through integrated approaches, which aim at leaving no patient behind.

Furthermore, ISN recommends the following amendment to Paragraph 6 of the OD:

6. We will prioritize the most cost-effective, affordable and evidenced-based interventions that will bring the highest public health return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, which must be reflected in regulation, standard setting and fiscal policies that address the impact of the four common and often shared NCD risk factors.

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4 WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases (2013-2020); pg. 57-59
5 The wording of this amendment is taken from the recommendations of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases (2013-2020); p. 57