Comments from the Noncommunicable Disease Roundtable on the draft outcome document for the WHO Global Conference on NCDs (Montevideo, 18-20 October 2017)

August 24, 2017

The Noncommunicable Disease (NCD) Roundtable welcomes the invitation to comment on the draft outcome document being prepared under the auspices of Permanent Missions of Finland, Uruguay and the Russian Federation in Geneva. Primary points:

- We enthusiastically support the need for all stakeholders to recommit to “bold action” to accelerate progress on SDG 3.4 and support efforts to advance UHC;
- We agree that external support is critical for enabling low income countries to achieve the NCD targets. We support strengthening accountability of countries and exploring different financial mechanisms for increased resources from the global health donor community, including bilateral global health donors;
- We do not believe that private sector objectives conflict with public health goals, and urge clarification on this statement; and
- We urge that the document acknowledge the contributions to progress on NCDs made by the private sector and through public-private collaboration.

CONTEXT:

Donors are still struggling to appreciate the cross-cutting and holistic approach of the Sustainable Development Goals: In affirming the need to recommit to “bold action,” the Roundtable acknowledges that the adoption of the SDGs by 193 countries has, to date, not translated into a discernable increase of attention or financial resources flowing to implement SDG 3.4 (and many other SDG 3 targets). Despite the SDGs, global health funding still flows primarily in disease-specific streams; NCDs and other targets struggle for cross-cutting, more holistic resources.

National governments are paramount, but may not be sufficient: We accept the draft’s premise that national governments have paramount responsibility and authority to promote wellness and address the health needs of their countries’ populations (“...prioritizing domestic budgetary allocations...”). We also recognize the reality that, without external support, many assistance-dependent countries lack the technical capacity and needed resources to address the NCD burden that they face.

SPECIFIC RECOMMENDATIONS FOR THE REPORT (IN CAPS):

Para 2 - revise –

- “Each year, 15 million people die from an NCD between the ages of 30 and 69 years, AND MILLIONS OF CHILDREN AND ADOLESCENTS DIE, LIVE WITH, OR ARE AFFECTED BY NCDS; over 80% of THE "premature" deaths occur in developing countries, disproportionally affecting the poorest and those furthest behind.”

Para 3 - revise –

- “Consequently, there is limited political leadership, FUNDING, strategic action across sectors and policy coherence for the prevention and control of NCDs in line with approaches such as whole-of-government and health in all policies.”
• “Reducing NCDs remain a low priority across the UN Agencies, NGOs, BILATERAL GLOBAL HEALTH DONORS, philanthropic foundations and academic institutions. “One of the main obstacles at country level is the lack of capacity TO ADDRESS CONCERNS REGARDING PRIVATE SECTOR ENGAGEMENT, AND LEVERAGE THE CAPABILITIES AND EXPERTISE OF A DIVERSE RANGE OF NON-STATE ACTORS, INCLUDING NGOS, ACADEMIA AND THE PRIVATE SECTOR TO COMBAT NCDS.

Para 7 - revise –

• WE WILL SPEAK OUT AND SPEAK UP ABOUT THE ADVERSE IMPACT THAT NCDS IS HAVING ON HEALTH AND DEVELOPMENT IN OUR COUNTRIES AND GLOBALLY, LENDING OUR VOICES TO DEMAND MORE RESOURCES AND ACTION TO ADDRESS NCDS. We will act across relevant…”

Para 11 – Strongly endorse this para - There is a strong and growing body of evidence of the interaction between NCDs and existing global health priorities, demonstrating that integrating NCD programs and tools into programs addressing existing global health priorities can advance and accelerate progress on both.

Para 16 - revise –

• “We call upon, UN agencies and other global health actors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, International Fund for Agricultural Development (IFAD), GAVI Alliance, regional development banks, BILATERAL GLOBAL HEALTH DONORS, and philanthropic foundations, to scale up…”

New Para 23a - add –

• “WE ACKNOWLEDGE THAT FOR MANY YEARS, THE PRIVATE SECTOR HAS ENGAGED IN MULTI-SECTORAL COLLABORATIONS TO ADVANCE PROGRESS ON NCDS AT THE NATIONAL AND GLOBAL LEVELS. THOSE CONTRIBUTIONS OF EXPERTISE, FUNDING AND PRODUCT (LARGELY FROM THE MEDICAL SECTOR) HAVE SUPPORTED RESEARCH AND PROGRAM IMPLEMENTATION, HELPED RAISE AWARENESS AND UNDERSTANDING OF NCDS, AND HELP BUILD MOMENTUM FOR ONGOING ACTION TO ADDRESS NCDS.”

Para 24 - revise –

• Recommend deletion of first sentence.