Comments

Thank you for the opportunity to comment on this comprehensive document which carries important implications for NCD prevention and control in especially LMICs.

The Road Map correctly highlights the importance of multi-sectoral action, recognising the impact of the social determinants of health, health systems strengthening and increasing financing of national NCD responses. The following items are forwarded for your consideration:

- **The principle of lessons learnt in the fight against HIV and AIDS as well as leveraging on health systems which were strengthened to deliver optimal care must be noted right at the outset! Additionally many Member States demonstrating high levels of co-morbidity have no choice but to offer integrated care for ALL chronic conditions especially at a PHC level.**

- **The essential need to address prevention and reduction of premature mortality due to NCDs is noted. However countries must be cautious not to undermine the impact of morbidity due to NCDs on the person, their families, the state as a service provider and the economy as a whole. Chronic illness and disability due to NCDs as well as the complications thereof are highly expensive to all stakeholders and the resultant dependence on the state together with resource constrained public health care inevitably cause poor development. It is believed that morbidity and the need for continuum of care including rehabilitation and palliative care are not awarded the required priority hence the cycles of poor health due to NCDs and poverty will be perpetuated.**

- **Adopting the “whole of government” and health in all policies” approach is the desired way forward. However noting WHO tools to support member states (MSs) in this regard, achieving the approach is complex and due to lack of mandate and enabling across government regulatory frameworks; is often impossible! How do MSs translate WHO directives usually approved and signed by Minister’s of Health into ALL of government action? Could this be a broader UN directive or Perhaps in the African context, could a directive of this nature be submitted at an AU level?**

- **Re-invigorating political action: I agree with actions but It is unclear what will be done Differently? eg act across governments has been a directive which many MSs are failing to achieve. We must acknowledge that our methods require re-consideration and that perhaps directives must be defined.**

- **Enabling health systems to respond: Agreed! However enabling government as a whole to respond must also be clarified. We cannot ask our communities to eat healthy foods for as long as they are highly expensive or ask them to exercise in unsafe and inappropriate areas.**

- **Increase significantly the funding: Once again I agree with the “ask”. However we have been asking the same since 2011 and nothing has changed. How do we DEMAND ethical and sustainable funding practice by the big funders in addition to increasing innovative domestic allocations? In this regard we highlight such funders specific exclusion criteria when offering care to persons provided they have HIV and AIDS. Who should hold such funders accountable and how is their practice forcibly changed from a human rights perspective?**

- **Increase efforts to engage sectors beyond health: The Road map must be more vocal on addressing more than SDG target 3.4 and call on the UN community broadly to engage on applying all other relevant SDG targets.**