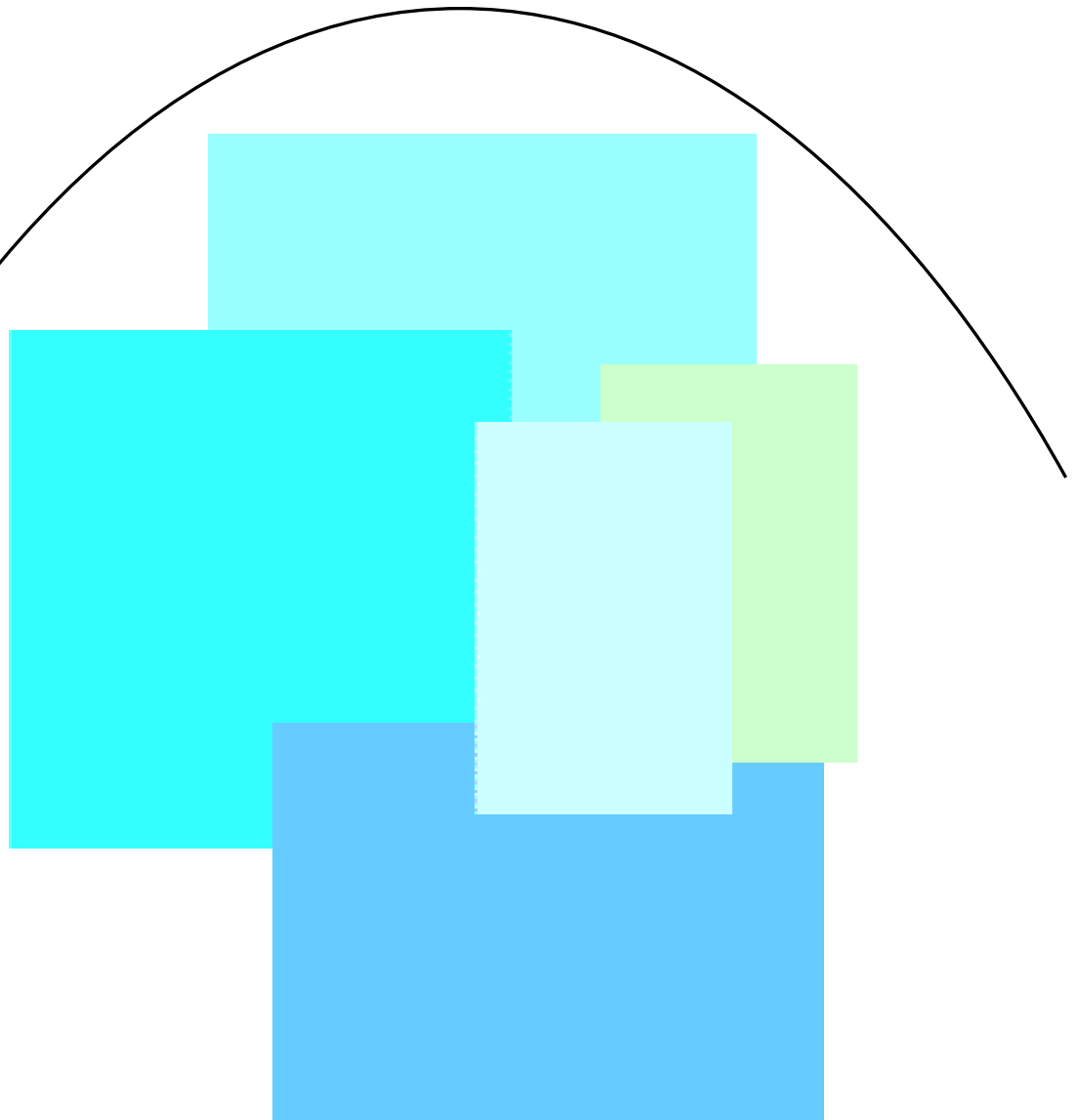


GSO Colloquium Event

Equitable Access to NCD Prevention, Treatment and Care

3 July 2012

Geneva, Switzerland



Global Social Observatory

www.gsogeneva.ch



**Meeting Report for the GSO Colloquium Series:
Equitable Access to NCD Prevention, Treatment and Care
Tuesday, 3 July 2012, 13:30-17:00, Geneva**

Introduction- Katherine Hagen, Executive Director of the GSO

The GSO Colloquium Event on Equitable Access for NCD Prevention, Treatment, and care was held on 3 July 2012 in Geneva, Switzerland. The GSO provides opportunities for people from different perspectives to join together on common concerns and explore ways to take steps forward. The **GSO Colloquium Series on NCD** started with a Launch Event in January 2012 to adopt a basic Statement on Multi-Stakeholder and Multi-Sectoral Collaboration on NCDs and to identify the priorities for the Colloquium Series – specifically endorsing a focus first on the risk factors associated with NCDs, to be followed by equitable access and empowerment.

The first two Colloquium Events in March and May focused on the risk factors associated with NCDs. The central messages for collaboration on risk factors in the specific areas of community and government services, schools, the workplace setting and primary health care were identified at the first Colloquium Event in March. They are featured in a series of posters that are on display in the Conference Room (and available on the GSO website). The second Colloquium Event in May built on these messages with broadened insights from a sharing of national and community experiences on the importance of an integrated, community-based health care system that includes mental health as well as the four main NCDs.

This third Colloquium Event has been a continuation of that process to discuss aspects of an integrated health care system, with a particular emphasis on “**equitable access for NCD prevention, treatment and care**”. It has been a participatory and interactive colloquium event, with an update on WHO developments and a panel of lead discussants on the main topic for the day. These set the stage for the interactive café politique sessions. At the end of the day, participants shared the outcomes of the café politique sessions in a wrap-up session. With special appreciation for the sponsoring support of Eli Lilly, Medtronic, Sanofi and Unilever, the GSO has developed this Colloquium Series on NCDs with full independence in support of an open, participatory dialogue. And, of course, the GSO welcomes and appreciates the support of all participants in this unique forum for multi-stakeholder and multi-sectoral action.



WHO Update on NCDs - Nick Banatvala, Partnerships Coordinator, NCDs and Mental Health, World Health Organization

The issue of NCDs has moved to the top of the agenda because it speaks to governments and has serious economic and social impacts on countries. In the context of the global debate, the WHO is pursuing three parallel initiatives. First, the WHO is currently reviewing its own 2008-2013 WHO Action Plan on NCDs for a new Action Plan for 2013-2018. The Action Plan has 6 objectives, each with roles for member states, secretariat and international partners. The focus of the plan is on four noncommunicable diseases – cancer, cardiovascular disease, diabetes and respiratory disease. The new action plan is still being developed; this will go to the Executive Board in January and then go to the World Health Assembly in 2013.

Second, from the high-level UN Summit in September 2011 came the decision to set out a plan for multi-sectoral action. The WHO Director-General produced a couple of papers on the framework and good practices for multi-sectoral action, which were opened for web-based consultations and debated by Member-States at the World Health Assembly in May. Based on the consultations and the debate, a revised paper is being prepared. The WHO Secretariat has recently met in New York with other UN agencies to explore whether to have something at the UN system level that is structured, strong and robust or a looser engagement. The revised report will address this issue. The revised report also needs to identify functions in terms of financing, technical coordination and bringing the whole agenda together. There does not seem to be a political appetite for a new NCD fund, however. This report is due to be submitted to the UN Secretary General by 27 August, and it will be acted upon by the UN General Assembly before the end of 2012.

A third initiative is the development of a monitoring framework with voluntary targets and indicators, both at the global level and as guidance for the national level. The global component is geared towards global targets and indicators looking to the measurement of overall outcomes, exposures and health system performance. For the national level, governments are charged with developing their own frameworks since different countries will have different approaches. There have been web-based consultations and opportunities for Member-States and international organizations, NGOs and the private sector to comment on drafts of the framework, indicators and targets, and the World Health Assembly has already reached a consensus on an overall global target for reducing premature mortality from NCDs by 25% by 2025. Other targets and indicators are still under consideration.



There will be informal consultations at the global level on the zero draft of the new WHO action plan on NCDs (the first of the three initiatives) on 16 to 17 August, to be followed by regional consultations in September and October. A decision has not been made at this stage for further consultations at the global level with the private sector and civil society, although it is likely that there will be opportunities at the regional level. The second initiative will be completed by the end of August without any further WHO consultations but will then be subjected to review by the UN General Assembly in the fall. On the third initiative, formal member-states consultations will occur on the monitoring framework, targets and indicators on 29 to 31 October (now scheduled for 5 to 7 November). There will also be an additional informal consultation with Member States on the WHO action plan for NCDs on 1 November as well as a different but parallel WHO action plan for mental health on 2 November.

Participants¹ at the Colloquium Event expressed their appreciation for Mr. Banatvala's briefing. They noted that the topic for this 3 July Colloquium Event was "equitable access to prevention, treatment and care for NCDs" and that this was one of the issues still being debated regarding the framework for monitoring with indicators and targets, especially as it applied to the measurement of health systems performance on NCDs. Thus, it was timely for the participants to engage in the interactive dialogue on multi-stakeholder and multi-sectoral perspectives for action regarding this issue.

Plenary Panel Discussions: an overview of integrated health systems requirements for prevention, treatment and care of NCDs – emphasizing the common interests for ensuring equitable access to NCD prevention, treatment and care.

Gloria Sangiwa – Director of Technical Quality and Innovation, Center for Health Services, Management Sciences for Health

The work of MSH constitutes supporting the building of healthcare systems in resource-poor setting, adapting the WHO health systems model and the lessons learned from the work that MSH has done to address the HIV/AIDS epidemic. It provides a strong knowledge base to address the challenges of equitable access to prevention, treatment and care of NCDs. It is crucial to look at health system barriers; these include geographical outreach, access to

¹ Participants at the GSO Colloquium Series are welcome from all stakeholder groups, including NGOs, religious institutions, health professional associations, the private sector, private sector associations, academics, diplomatic missions and international organizations. Participants, however, do not officially represent their organizations but are invited to share their perspectives and experiences in a neutral, non-policy-making setting, in an adaptation of Chatham House rules. An illustrative list of the stakeholder groups that participants come from is available separately on the GSO website.



medicine, and affordability of out of pocket expenses. To address geographical barriers, innovative models are needed to take services as close to the individual as possible. We need to start from the lowest level of service and then build up to the highest level. For access to medicine, reducing the cost of therapy and technologies has included the successful experience of a global task force focused on cancer to advocate for reductions in the cost of cancer drugs and technologies. Minimizing out of pocket expenses goes beyond this to focus on improving national health insurance schemes. In contrast to the experience regarding the HIV/AIDS epidemic, we cannot do a disease focus, but rather it needs to be an integrated focus because each disease brings a different set of needs and values.

Some additional challenges include the availability and retention of human resources, improving health promotion, addressing issues of health care financing and introducing different innovative service delivery models. A multi-sectoral technical working group should be developed to help governments determine where they are and what needs to be done in the context of a broad holistic approach.

Manoj Kurian- Programme Executive, Health and Healing, World Council of Churches

The importance in truly understanding a community, its world view, who they think they are and where they want to be is as important as the reality of the system and its challenges. We need to approach community problems by taking the community perspective for defining their needs. The community also has locally-driven knowledge on what actually works to address these needs. So we should all be asking, What does the community have to offer in terms of solutions, strengths, sustainability? And what are its challenges? Communities themselves have a lot to offer and we should not go in with fixed ideas and should not try to solve their problems when we don't know what they already have. Thus it is important to work with them from the bottom up. We need to take a few steps back and take a global view of the situation from the community perspective to find a global/local solution.

Evan Lee- Vice President Global Health Programs and Access, Eli Lilly and Company

The health system is complex and patients need to be able to navigate these complexities whether in developing or developed countries. The health system should be able to help them; it should be user-friendly, community-based and patient-centered.



Medicines

The affordability of medicines and ensuring equitable access, regular supply of high quality medicine and the role of insurance companies, national healthcare systems and governments are important. Pharmacies and governments need to ensure that medicines are genuine and in an acceptable form. The healthcare system and society must support innovation in medicines. Once medicines are available, having them introduced and providing education for their appropriate use is also an essential aspect. User-friendly continuity and consistency should be priorities in medicine delivery.

Overall healthcare

Pharmaceuticals also have a role to play in supporting overall healthcare delivery. We all understand that community, society and overall working conditions must support the performance of an effective healthcare system. Collective impact is enhanced by identifying ways for stakeholders to work together, to define a common agenda with clearly defined roles and responsibilities and to mobilize a “backbone organization” to move people towards a common goal. At the ground level, the multi-stakeholder concept should lead to an actual action plan that involves different partners working towards the shared objective of better patient outcomes. The challenges associated with the scale up of pilot projects can be managed more effectively when the ownership of healthcare delivery is controlled by the community. Invisibility is the best method for success. All stakeholders must buy in at this grassroots level.

The Café Politique Sessions

With the guidance from the lead discussants, participants at the Colloquium Event were invited to consider how equitable access to prevention, treatment and care for NCDs might be achieved through better services and skills, through innovative health care models, and through enhanced multi-stakeholder collaboration. Three tables were set up for the participants to rotate among the tables in short brainstorming sessions. Each table had a specific question, a moderator and a note-taker. All participants had the opportunity to rotate around the three tables in three brainstorming segments. The moderators were tasked with collecting the notes from all three sessions at their respective tables and presenting the highlights at a concluding plenary session.



1. **Table One Lead Discussant: Martin Bernhardt (Sanofi).**
Question: If you were to create a community-based, integrated primary healthcare system to ensure equitable access to NCD prevention, treatment and care, what services and skills would you want to include and how would you organize them?

2. **Table Two Lead Discussant: Maria Paola Lia (Eli Lilly).**
Question: What are the characteristics of an ideal healthcare model for delivering NCD prevention, treatment and care?

3. **Table Three Lead Discussant: Mireille Quirina (former DuPont).**
Question: What roles should there be for different sectors and stakeholders?

Concluding Plenary Session – Martin Bernhardt, Maria Paola Lia and Mireille Quirina

The three moderators posted the notes from their respective brainstorming sessions and pointed out the main highlights for the overall group to consider. The discussion on the first question, led by Martin Bernhardt of Sanofi, delineated that health systems requirements for NCD prevention, treatment, and care require a global view with an integrated multistakeholder and multisectoral NCD approach that includes a social approach as well as a health approach. Health systems should be developed using the WHO health systems model as building blocks while incorporating communities' needs, strengths and capabilities. Lessons should be taken from the HIV/AIDs epidemic and address barriers such as geographical outreach, access, out of pocket costs, human resources, financing, and delivery models. Affordability of medicines and ensuring equitable access, regular supply of high quality medicine and providing education on medicines are also essential health system requirements that involve governments, pharmaceuticals, insurance, and health care professionals coming together.

From the second question/table, Maria Paola Lia reported that participants agreed that an ideal health care model for delivering NCD care should be people focused with an emphasis on training and implementation of prevention. Prevention should start with the family and build up to community and national levels and be taken on by all stakeholders. Prevention, treatment and care need to be integrated with one another. To ensure equitable access health systems will need a human rights approach and strong political commitment. We need to ensure resources, including financing and information, a monitoring feedback system, and organization



with strong leadership and integrated planning, financing and delivery. Innovative models with information from academia, business, industry and NGOs should be developed.

Finally, as reported by Mireille Quirina from the third table, engagement at all levels is necessary with a scale-up of projects and models. Multisectoral technical working group should be developed to help governments determine where they are and what needs to be done in the context of broad holistic approach. People and patient self-accountability and empowerment are important. Working conditions and society also must support the performance of an effective healthcare system. The multi-stakeholder concept should lead to actual action with different partners working towards better patient outcomes. All partners should go beyond their respective roles, collaborate and not wait for governments or WHO to take on their roles.

Moving forward – Katherine Hagen

Participants engaged in a further interactive dialogue about the next steps for the GSO Colloquium Series on NCDs. There was a high degree of enthusiasm for the interactive opportunities in the Colloquium Series, and interest was even expressed for an ongoing interactive dialogue to develop ideas and not just an occasional colloquium event. Continuity was especially needed in the building process, said the participants, in order to achieve increased understanding about how to promote multi-stakeholder and multi-sectoral action on NCDs. The GSO Working Group on NCDs has been operating as a vehicle for participating in the planning of Colloquium events, but this should be augmented by establishing open sub-working groups to develop ideas and perhaps also an open web-based discussion with interested participants. We should not just wait for the next colloquium event.

It was agreed that the messages from the brainstorming sessions should be available and accessible, with a target period for the GSO Working Group on NCDs to prepare and hand over a report to stakeholders. Participants also encouraged the GSO to prepare a “white paper” on progress so far on the evolution of the key messages emanating from the various colloquium events. At the next colloquium event, we should look at what is happening at the grass roots level and make this a stepping-stone for further innovation. We should take into account personal and institutional testimonies, looking at best practices and failures. We may want to move the paradigm and move beyond the barriers. We may want to move the discussion beyond getting the “best buy” and work on a systematic approach to the priorities for multi-stakeholder and multi-sectoral action.



Katherine announced that the GSO Working Group on NCDs would continue to meet regularly on Tuesday afternoons to address the recommendations coming from this event, including the possibility of developing something more interactive on an ongoing basis. Meanwhile, all participants were welcome to join the Working Group as they plan the next colloquium event, scheduled for the early fall in Geneva. Participants agreed that the Working Group should also be tasked with supporting initiatives for an ongoing dialogue leading up to this next event and even beyond this next event. The dynamic of participatory engagement in the Colloquium Series so far is inspirational. There is recognition of a building process in the series, with a growing enrichment of a set of key messages for multi-stakeholder and multi-sectoral action that deserve to be broadly shared. Katherine thanked all of the participants for engaging so constructively in this unique forum and hoped that they would continue to be supporters of the interactive process in the coming months.