

#### PROGRAM AT A GLANCE

#### Organized by:

Alzheimer's Disease
International, American
Cancer Society, American
College of Cardiology,
International Diabetes
Federation, International
Union Against Tuberculosis
and Lung Disease, Lilly,
LIVESTRONG Foundation,
Medtronic Philanthropy,
Merck, Norwegian Cancer
Society, Sanofi, Union
for International Cancer
Control, World Heart
Federation

With the increasing importance given to Non Communicable Diseases (NCDs) worldwide, you would not want to miss the latest fresh perspective from frontline health professionals, policymakers, technologists, philosophers and businesspeople on how to address chronic disease challenges.

# The NCD Café is the place to be!

The NCD Café welcomes you for a coffee or healthy snack whilst providing a unique space for interactive sessions on NCDs, with a focus on integration, partnerships and multidisciplinary experiences in low and middle-income countries.

## THURSDAY, DECEMBER 4TH NCD Café – What can health systems do?

12:00-13:00 **Session 1.** Health in the post-2015 development agenda: Investing in NCDs for a healthy future for all

Katie Dain (NCD Alliance), Sam Byfield (Nossal Institute for Global Health), Marc Wortmann (Alzheimer's Disease International), Martin Bernhardt (Sanofi)

15:30-16:00 Session 2. Connect and discuss with NCD experts

Marc Wortmann (Alzheimer's Disease Internationa), Katie Dain (NCD Alliance), Anne-Lise Ryel (Norway NCD Alliance, Norwegian Cancer Society), Ann McMikel (American Cancer Society), Martin Bernhardt (Sanofi), Luke Cornish (MSD Australia)

17:30-18:45 Session 3. A shared commitment: The need for a multisectoral response to NCDs

Cary Adams (Union for International Cancer Control & NCD Alliance), Sir George Alleyne (PAHO), Andreas Ullrich (WHO), Rob Moodie (University of Melbourne)

### FRIDAY, DECEMBER 5TH NCD Café – What strategies to prioritize?

11:45-13:15 **Session 4.** Strengthening the NCD civil society movement:

Lessons learnt from local NCD alliances

Laura Tucker-Longsworth (HCC), Rohan Greenland (National Heart Foundation of Australia & Asia-Pacific Heart Network), Constance Kekihembo (Uganda NCD Alliance), Katie Dain (NCD Alliance)

13:15-14:45 Session 5. Putting integration into practice: Leveraging existing health service delivery and financing for NCDs

Isaac Adewole (University of Ibadan), Loyce Pace (LIVESTRONG Foundation), Ambassador Sally Cowal (American Cancer Society), Sarah Goltz (Sage Innovation)

16:00-16:30 Session 6. Connect and discuss with NCD experts

Katie Dain (NCD Alliance), Greg Johnson (Diabetes Australia), Loyce Pace (LIVESTRONG Foundation), Kate Armstrong (CLAN), Mellany Murgor (Young Professionals Chronic Disease Network), Michael Abramson (Monash University), Kate Armstrong (CLAN)

## SATURDAY, DECEMBER 6TH NCD Café - How to drive change?

11:45-13:15 Session 7. Innovation for action on NCDs: How Data and Technology Can Help the Developing World

Fiona Adshead (Bupa), Jim Cleary (UW Carbone Cancer Center), Christina Fitzmaurice (IHME), Tim Armstrong (WHO)

13:15-14:45 **Session 8.** Promoting a patient-centered approach for NCDs: Solutions to engage people in the NCD response

Greg Johnson (Diabetes Australia), Devon McGoldrick (LIVESTRONG Foundation), Warren Brooks (MSD Australia), Kate Armstrong (CLAN)

## NCD CAFÉ: WHAT CAN HEALTH SYSTEMS DO?

**Session 1.** Health in the post-2015 development agenda: Investing in NCDs for a healthy future for all

12:00-13:00

## Objectives

- To give a 360 degree overview of NCDs and the global political response (including the global NCD framework and post-2015 development agenda);
- To position cancer within the NCD agenda;
- To present strategies explored to reduce NCD risk factors and improve health and economic outcomes in the post-2015 context

## Background

Non-communicable diseases (NCDs) are the world's leading cause of death and disability, bringing hardship to rich and poor nations alike. Worldwide, NCDs account for 60% (35 million) of global deaths. The largest burden - 80% (28 million) - occurs in low- and middle-income countries (LMICs), making NCDs a major cause of poverty and an urgent development issue. Without any action now, the NCD burden will increase globally by 17% in the next ten years, and in the African region by 27%.

This rapidly changing health and disease profile has serious implications for poverty reduction and economic development, with severe impacts on individuals, communities, and countries. Low-income countries still grappling with heavy burdens of infectious disease risk being overwhelmed by this wave of largely preventable NCDs. Securing sustainable human development in the post-2015 era means health must remain at the centre of the future framework, and prioritise the prevention and control of NCDs.

#### **SPEAKERS**



Katie Dain
Executive Director,
NCD Alliance
(Switzerland)



NCD Coordinator, Nossal Institute for Global Health, University of Melbourne (Australia)



Marc Wortmann
CEO, Alzheimer's
Disease International
(United Kingdom)



Martin Bernhardt Vice President, Relations with International Institutions, Sanofi (Switzerland)

Chair:

## NCD CAFÉ: WHAT CAN HEALTH SYSTEMS DO?

### Session 2. Connect and discuss with NCD experts

15:30-16:00

### **Objectives**

- To have informal discussions on the importance of multi-stakeholder actions with NCD experts, including civil society and the private sector, alongside academia and governments.
- To share best practices and solutions to accelerate multi-sectoral actions for NCDs.

# NCD Café partners and NCD Alliance representatives present on the booth (non-exhaustive):



Marc Wortmann CEO, Alzheimer's Disease International (United Kingdom)



Ann McMikel
Vice-President, Global
Health, American
Cancer Society
(United States)



Katie Dain Executive Director, NCD Alliance (Switzerland)



Martin Bernhardt
Vice President, Relations
with International
Institutions, Sanofi
(Switzerland)



Anne-Lise Ryel
CEO, Norway NCD
Alliance, Norwegian
Cancer Society
(Norway)



**Luke Cornish**Government Relations
Manager, MSD
Australia (Australia)

## NCD CAFÉ: WHAT CAN HEALTH SYSTEMS DO?

**Session 3.** A shared commitment: The need for a multisectoral response to NCDs

17:30-18:45

## Objectives

- To bring together speakers from WHO, government, the private sector, and civil society to discuss the challenges and potential bottlenecks of sectoral cooperation (both multisectoral and intersectoral);
- To examine different ways all actors, including civil society and the private sector alongside WHO and governments, can be involved in health systems strengthening to fight NCDs;
- To discuss opportunities at global and national levels for accelerating multisectoral action for NCDs.

## Background

Effective action on NCDs rest on a multisectoral and whole of society approach. Whilst NCDs winds up in the health system, the epidemics origins go far beyond. NCDs are everyone's business and all sectors have a shared incentive and responsibility to act.

The 2011 UN Political Declaration on NCDs provides the mandate for multisectoral action, whole-of-government and whole-of-society responses. It mandates governments to work across sectors, including industries as broad as health, education, agriculture, sports, environment; and it also calls for intersectoral cooperation between UN agencies, governments, NGOs and the private sector. To support this, WHO established a Global Coordination Mechanism for NCDs in 2014, which has the mandate to facilitate and enhance coordination of activities across all sectors in areas such as advocacy, resource mobilization, innovation and brokering knowledge.

#### **SPEAKERS**



Cary Adams
CEO Union for
International Cancer
Control and Chair, NCD
Alliance (Switzerland)



Sir George Alleyne
Director Emeritus of
PAHO (United States)



Jacob Gayle
Vice-President,
Medtronic
Philanthropy
(United States)

**Professor Rob** 

(Australia)

Chair:



Moodie
Chair of the Australian
Preventative Heath
Taskforce, University
of Melbourne

## NCD CAFÉ: WHAT STRATEGIES TO PRIORITIZE?

**Session 4.** Strengthening the NCD civil society movement: Lessons learnt from local NCD alliances

11:45-13:15

## Objectives

- To discuss the importance of a strong civil society movement for NCDs, particularly in LMICs;
- To share experiences and lessons learned from the growing network of national and regional NCD alliances;
- To explore opportunities for strengthening the network of alliances, including the forthcoming Global NCD Alliance Forum in Sharjah in November 2015.

## Background

Now with global commitments in place for NCDs, the responsibility for action has now shifted from the global level to the national level. A next big challenge is ensuring a strong civil society presence on NCDs at the national and regional levels. A vibrant civil society movement capable of delivering its three primary roles – advocacy, the direct provision of NCD services, and acting as a watchdog – is a fundamental strategy to reach the global target of a 25% reduction in premature mortality from NCDs by 2025.

A testament to both the demand for and effectiveness of a unified approach to NCD advocacy is the growing number of national and regional NCD alliances. Today the NCD Alliance is coordinating a network of 26 national NCD alliances and 4 regional NCD alliances. These alliances are providing important platforms to advocate for improved coverage of NCD interventions, patient empowerment and stronger health systems with their countries.

#### **SPEAKERS**



Laura Tucker-Longsworth Healthy Caribbean Coalition (HCC) (Barbados)



Rohan Greenland
National Director,
Government Relations
at National Heart
Foundation of
Australia and Director,
Asia-Pacific Heart
Network (Australia)



Constance Kekihembo CEO, Uganda NCD Alliance (Uganda)



Chair:
Katie Dain
Executive Director,
NCD Alliance
(Switzerland)

## NCD CAFÉ: WHAT STRATEGIES TO PRIORITIZE?

**Session 5.** Putting integration into practice: Leveraging existing health service delivery and financing for NCDs

13:15-14:45

## Objectives

- To explore opportunities for integrating NCDs into existing service delivery platforms and financing channels, including for HIV/AIDS, TB, and RMNCH;
- To identify good practices in achieving integration, as well as barriers and challenges.

## Background

During the era of the Millennium Development Goals (MDGs), health systems in many countries have been developed in a fragmented way, predominantly addressing acute problems and responding to single episodes of care. They are ill-equipped to manage the complex and chronic nature of NCDs and associated multi-morbidity.

As the burden of NCDs continues to grow in LMICs, there is an imperative to pursue opportunities and solutions that integrate health services, with the aim of reducing cost, improving efficiency and achieving better outcomes. The momentum around Universal Health Coverage (UHC) provides an opportunity to shift focus away from vertical, siloed health programmes towards an integrated approach, particularly at primary healthcare level. It also provides an opportunity to build on past and current investments in LMICs for other health issues. Existing service delivery platforms for related health issues, such as for HIV/AIDS, TB, and maternal health, can be used to introduce risk assessment, early diagnosis and management of NCDs. Similarly, financing for other health issues can be leveraged for NCDs.

#### **SPEAKERS**



**Dr. Isaac Adewole**Past-President
AORTIC, ViceChancellor, University
of Ibadan (Nigeria)



Loyce Pace
Director of Health
Policy, LIVESTRONG
Foundation (United
States)



Ambassador Sally Cowal Senior Vice President, Global Programs, American Cancer Society (United States)



Moderator:
Sarah Goltz
Principal, Sage
Innovation (United
States)

## NCD CAFÉ: WHAT STRATEGIES TO PRIORITIZE?

### Session 6. Connect and discuss with NCD experts

16:00-16:30

## **Objectives**

- To have informal discussions on the importance of multi-stakeholder actions with NCD experts, including civil society and the private sector, alongside academia and governments.
- To share best practices and solutions to accelerate multi-sectoral actions for NCDs.

# NCD Café partners and other representatives present on the booth (non-exhaustive):



Katie Dain Executive Director, NCD Alliance (Switzerland)



Mellany Murgor
Kenyan representative for
Young Professionals Chronic
Disease Network (Kenya)



Greg Johnson
CEO, Diabetes
Australia
(Australia)



Michael Abramson

Deputy Head of the Department of Epidemiology & Preventive Medicine, Monash
University (Australia)

**Professor** 



Loyce Pace
Director of Health
Policy, LIVESTRONG
Foundation
(United States)



Kate Armstrong
Executive Director of Caring and Living As Neighbors (CLAN), former president of NCD Child (Australia)

## NCD CAFÉ: HOW TO DRIVE CHANGE?

**Session 7.** Innovation for action on NCDs: How Data and Technology Can Help the Developing World 11:45-13:15

### Objectives

- To present the role of innovation as a key enabler to NCD prevention and control, and discuss the barriers to innovation in LMICs;
- To explore how information is critical for planning government facilities, policy, and interventions, drawing upon the IHME "Improving Methods to Measure Comparable Mortality by Cause" example (Philippines, Papua New Guinea, and Bangladesh).
- To present programs relying on data to strengthen evidence-based measures, such as mobile technologies

## Background

Without data on the burden and trends, securing political commitment and informing planning and implementation for NCDs is severely hampered. The presence of adequate information systems is a critical part of any cancer control strategy as high-quality incidence and mortality data inform governments so that effective policies can be developed, implemented and evaluated. Guided by reliable data, this results in the right interventions for saving lives and improving the conditions of cancer patients and their families.

In developing countries, where surveillance and monitoring systems on NCDs in many LMIC are still extremely weak, partly due to a lack of cancer and NCD registries, there is a need to develop innovative methods to enable governments, donors, and researchers to make informed decisions about necessary interventions within resource-poor communities lacking vital registration system.

There is also a greater potential for wider use and benefit from data collection activities, in particular through the utilization of mobile technology for preventing and controlling NCDs. Mobile phones have been successfully used in different health fields to improve access to health services, train health workers, ensure treatment compliance, monitoring and surveillance, and management of chronic diseases.

With the global momentum currently around a "data revolution" for the post-2015 era, this provides an opportunity to improve data collection for NCDs.

#### **SPEAKERS**



**Dr. Fiona Adshead**Director of Wellbeing and Public Health, Bupa (United Kingdom)



Dr. Jim Cleary
Director, Pain and
Policy Studies Group,
UW Carbone Cancer
Center (Australia)



Christina Fitzmaurice
Fellow, Institute of
Health Metrics and
Evaluation (IHME)
(United States)

Chair:



Dr. Tim Armstrong
Coordinator,
Surveillance
and Populationbased Prevention,
Department of Chronic
Diseases and Health
Promotion, World
Health Organization
(WHO) (Switzerland)

## NCD CAFÉ: HOW TO DRIVE CHANGE?

**Session 8.** Promoting a patient-centered approach for NCDs: Solutions to engage people in the NCD response

13:15-14:45

## Objectives

- To provide patient perspectives on NCDs, including the obstacles and barriers to treatment, and stigmatization particularly in LMICs;
- To share good practice and lessons learnt from patient empowerment initiatives in cancer and other NCDs;
- To promote the importance of strong patient-centred grassroots movements for NCDs and other health issues.

## Background

Globally, people at risk and living with NCDs face physical, financial, and social barriers that prevent them from accessing necessary information, prevention, treatment and care. The rise of NCDs has led to a shift towards care and treatment moving out of the hospitals and into the community and the home, leaving patients and family with a greater responsibility for their own health. Eliminating stigma and discrimination is a shared global priority.

Although there is a commitment from governments to strengthen health systems via-patient centered care, greater attention needs to be given to social awareness and mobilization, patient empowerment, and engagement of people living with and at risk of developing NCDs. The patient perspective must be solicited, and patients need to be actively engaged in the design, leadership, implementation, monitoring and evaluation of effective and sustainable interventions to prevent and manage all NCDs, including in specific populations such as children, etc.

#### **SPEAKERS**



**Greg Johnson**CEO, Diabetes
Australia (Australia)



Devon McGoldrick
Director Community
Programs &
Engagement,
LIVESTRONG
Foundation (United
States)



Warren Brooks
Director Healthcare
Solutions, MSD
Australia (Australia)



Moderator:

Kate Armstrong

Executive Director of
Caring and Living As
Neighbors (CLAN),
former president of
NCD Child (Australia)

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