Accelerating Progress Through Stronger Accountability for Cancer and NCDs

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Shifting from Global to Local

2011

2013

2015

GLOBAL ACTION PLAN
for the prevention and control of non communicable diseases

HANDING OVER THE BATON

THE GLOBAL GOALS
For Sustainable Development

3 Good Health

NCD Alliance
“The world has yet to fulfil its promise of implementing measures to reduce the risk dying prematurely from NCDs... Political commitments have often not been translated into concrete actions”
Off track to meet the global targets

“More than half of all countries are projected to miss the SDG target 3.4”
Slow progress in national implementation

138 Member States demonstrated **very poor or no progress** towards implementing time-bound commitments made at 2014 UN HL Review.

<table>
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<th>2015</th>
<th>2017</th>
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<tbody>
<tr>
<td>Countries with national NCD plans</td>
<td><strong>33%</strong></td>
<td><strong>48%</strong></td>
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<tr>
<td>Countries with national NCD targets</td>
<td><strong>31%</strong></td>
<td><strong>48%</strong></td>
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Governments need to strengthen accountability to their citizens for action on NCDs and simplify existing international accountability mechanisms.

www.who.int/ncds/governance/high-level-commission/en/
OP29. Establish or strengthen, **transparent national accountability mechanisms for the prevention and control of NCDs**, taking into account government’s efforts in developing, implementing and monitoring national responses for addressing NCDs and existing global accountability mechanisms.

OP32. Call further on WHO to continue to promoting and monitoring enhanced global action to prevent and control NCDs through coordinating work with other United Nations agencies, development banks and other regional and international organizations, including by exploring new financing, implementation, **monitoring and evaluation and/or accountability mechanisms**.

OP26. Promote meaningful civil society engagement...to **assess progress**.
A definition of accountability

“Accountability ensures that actions, decisions, programs, and policies made by public officials and other decision-makers are implemented, meet their stated objectives, and respond to the communities they aim to benefit”
Accountability: Monitor, Review, Act

Accountability framework for women and children’s health

- Monitor
  1. Vital events
  2. Health indicators
  3. Innovation
  4. Resource tracking
  5. Country compacts
  8. Transparency

- Review
  6. Reaching women & children
  9. Reporting aid for women’s & children’s health

- Act
  10. Global oversight

Country Accountability

Global Accountability
Roles of NCD Civil Society

1. Awareness
2. Advocacy
3. Access
4. Accountability
What is the role of civil society?

*Unique technical expertise to monitor, unique perspectives to review, and unique role in acting*

1. **Monitor** – monitoring trends, outcomes, policy, resources – at global, regional and national levels

2. **Review** - analysing progress against national/regional political commitments, national/regional NCD plans, NCD targets etc.

3. **Act** – using information to push for action and implementation
Examples of accountability initiatives

Monitoring trends and outcomes

NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4

The third UN High-Level Meeting on Non-Communicable Diseases (NCDs) on Sept 27, 2018, will review national and global progress towards the prevention and control of NCDs, and provide an opportunity to renew, reinvigorate, and enhance commitments to reduce their burden. NCD Countdown 2030 is an independent collaboration to inform policies that aim to reduce the worldwide burden of NCDs, and to ensure accountability towards this aim. In 2016, an estimated 48.5 million (71% of the 66.9 million worldwide deaths were from NCDs. Of these, an estimated 1.7 million (4% of NCD deaths) occurred in people younger than 30 years of age, 45-55 million (385%) in people aged between 30 years and 70 years, and 23.6 million (25%) in people aged 70 years and older. An estimated 22.2 million NCD deaths (80%) were due to cancers, cardiovascular diseases, chronic respiratory diseases, and diabetes, and another 8.3 million (20%) were from other NCDs. Women in 164 (88%) and men in 165 (89%) of 196 countries and territories had a higher probability of dying before 70 years of age from an NCD than from communicable, maternal, perinatal, and nutritional conditions combined. Globally, the lowest risks of NCD mortality in 2016 were seen in high-income countries in Asia-Pacific, western Europe, and Australia, and in Canada. The highest risks of dying from NCDs were observed in low-income and middle-income countries, especially in sub-Saharan Africa, and, for men, in central Asia and eastern Europe. Sustainable Development Goal (SDG) target 3.4—a one-third reduction, relative to 2015 levels, in the probability of dying between 30 years and 70 years of age from cancers, cardiovascular diseases, chronic respiratory diseases, and diabetes by 2030—will be achieved in 35 countries (15%) for women, and 30 (16%) for men, if those countries maintain or surpass their 2009-2016 rate of decline in NCD mortality. Most of these are high-income countries with already-low NCD mortality, and countries in central and eastern Europe. An additional 50 (27%) countries for women and 35 (16%) for men are projected to achieve such a reduction in the subsequent decade, and thus, with slight acceleration of decline, could meet the 2030 target. 86 (46%) countries for women and 97 (52%) for men need implementation of policies that substantially increase the rates of decline. Mortality from the four NCDs included in SDG target 3.4 has stagnated or increased since 2010 among women in 35 (16%) countries and men in 24 (13%) countries. NCDs and age groups other than those included in the SDG target 3.4 are responsible for a higher risk of death in low-income and middle-income countries than in high-income countries. Substantial reduction of NCD mortality requires policies that considerably reduce tobacco and alcohol use and blood pressure, and equitable access to efficacious and high-quality preventive and curative care for acute and chronic NCDs.
Examples of accountability initiatives

- NCDA Benchmarking Tool
- WCRFI NOURISHING Framework
- HCC Port of Spain Evaluation
- Civil Society Status Reports
Examples of accountability initiatives

Shadow reporting

Citizen-led accountability

FCA Shadow Reporting

PMNCH Annual Global Citizens’ dialogue
Examples of accountability initiatives

Monitoring industry

Corporate Accountability International – tobacco industry

IFBAN Monitoring Code of Marketing of Breast milk Substitutes

Tobacco Tactics

2018 Report of Independent Accountability Panel for Every Woman, Every Child
Considerations for civil society monitoring

• **Why are you monitoring?** What is the aim? Clear objectives important

• **Who are you monitoring?** WHO? Government (national/state)? Private sector? Clear target audience

• **What are you monitoring?** Policy? Trends/outcomes?

• **How are you monitoring?** Methodology? Approach (benchmarking, score cards, shadow reporting)? Availability of information/data? Which partners (academia)?

• **When are you monitoring?** Timing is key for advocacy impact!
Role of **civil society** in ensuring accountability is key

Should be **complementary** to WHO/government official monitoring

Working in **partnership** can be very effective – e.g. with academia

Consider carefully **objectives**, target **audience**, rigorous **methodology**

**Timing and dissemination** strategy very important for advocacy – follow up to UN Review on NCDs 2018 the big opportunity!
THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.

#NCDs  @ncdalliance

NCDAlliance

MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE
Building Partnerships to Eliminate NCDs: Reaching Out Across the Health Community

Skye Beare, Program Officer
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International Planned Parenthood Federation
Western Hemisphere Region
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02 October, 2018
World Cancer Congress
Kuala Lumpur
We deliver sexual & reproductive health (SRH) services that let people make their own choices. A federation of 141 Member Associations (MAs) working in 152 countries, with another 24 Partners working in 19 countries.

In 2017, we delivered 208.6 million client-centered, rights-based SRH services, including breast & cervical cancer screening, treatment.
In 2017, our partners provided 7.5 million people with nearly 36 million services, including contraception, breast and cervical cancer screenings & treatment, prevention of and testing for STIs including HIV, and safe abortion.
Introduction of VIA & HPV DNA testing (careHPV, HC2) linked to treatment (cryo & LEEP) in Belize, Honduras, El Salvador, Suriname & Bolivia

Leading clinical experts & advocates, MAs work with partners across sectors to define protocols, strengthen referral pathways & ensure data quality & collection
Partnering to Expand Reach

Cross-Cutting Challenges Require Cross-Cutting Solutions

• Belize: BFLA worked with the National Health Insurance and the Ministry of Health to shape & implement a national cancer control protocol

• Bolivia: CIES worked with the Ministry of Health to rollout the first waves of HPV vaccinations

• Guatemala: APROFAM has begun work with local disability rights organization FUNDABIEN to ensure that all individuals have access to SRHR services

• Dominican Republic: Profamilia has also begun working with local disability rights organization to ensure that all individuals have access to SRHR services

• Honduras: ASHONPLAFA has partnered with 100+ businesses & non-traditional public sector actors including the Honduran Navy to bring SRHR education sessions & linked services to the community outside of clinic settings
Key Takeaways

• Partnerships can help us leverage our comparative advantages to fill gaps in global NCD response & reach vulnerable populations

• Non-traditional partners can make great allies; diversifying can open doors & strengthen results

• Clients/patients must come first – we must meet them where they are

Thank you!
Civil society and people living with NCDs driving policy change

Alexandra Núñez, Asociación Tour Rosa de Costa Rica