

CORE STRATEGY STATEMENT OF THE DEFEAT-NCD PARTNERSHIP

WHY WE EXIST

The rising tide of non-communicable diseases (NCDs) represents one of the greatest public and global health challenges our times. Arguably, we have arrived at a tipping point with NCDs and it is time to tip the scales in our favour.

Enormous effort has been directed by many concerned actors into advocacy, sensitising policy makers, and creating public awareness. But impact is too slow. We must scale up concrete action and provide the NCD prevention and management services that people suffering from NCDs need right now.

WHO WE ARE

The Defeat-NCD Partnership was set up in 2018 as the practical response to the widespread call for action on NCDs. We are a 'public-private-people' partnership anchored in the United Nations but extending well beyond to include governments, multilateral agencies, civil society, academia, philanthropies, and the private sector.

Our ambition is clear: we envision universal health coverage (UHC) for NCDs. To achieve that, our core mission focuses on assisting the 90 or so low resource countries i.e. all countries which have low or lower middle income status and some others that may be richer in nominal income terms but still need much help because their development status is heavily constrained by weak technical, human resource, and institutional capacities.

Our overall timeframe is up to 2030 as that is the universally agreed period for advancing the Sustainable Development Goals (SDGs). Our efforts are aimed specifically at SDG 3.4 i.e. the reduction by one-third of premature mortality from non-communicable diseases through prevention and treatment.

NCDs and poverty are strongly inter-connected and the SDGs also drive our principal values, especially that of equity through aiming to "leave no one behind" and proactively reaching out to the most needy and vulnerable.

WHAT WE DO

In devising our strategy, we have drawn on lessons from past and current global health programming. Incorporating those insights, we have concluded that NCDs need their own specific approach because they are lifelong conditions with profound personal, family, community, local, and national impacts. These are driven by the complex interplay of underlying environmental including climate change, lifestyle including nutrition and exercise, and genetic risk factors, as well as wider externalities such as political, economic, and social trends and choices. NCDs have a strong gender dimension that is central to the design of our operational approaches.

We have started by addressing diabetes and cardiovascular diseases and are moving towards incorporating chronic respiratory conditions and cancers where they can be feasibly integrated on our operating platform. A health systems approach under a UHC framework is our strong preference rather than verticalised disease programming. That also recognises the linkage between NCDs and communicable diseases, mental health, disability, and other conditions.

Our practical work is organised around **four interconnected pillars** that, taken together, constitute a comprehensive service package to tackle the most common gaps and constraints that challenge low-resource countries.

Pillar 1. National NCD Capacity Building

The overall objective of Pillar 1 is to ensure that partner countries have essential institutional capacities, structures, systems and financing in place to tackle NCDs in a sustained and sustainable manner.

A well-recognised problem is that of ad hoc and uncoordinated NCD activities which, though well meaning, are not able to achieve sufficient impact or optimise best use of scarce resources.

Accordingly, we help governments and especially national ministries of health and other strategically vital national institutions, to assess gaps in their capabilities to tackle NCDs and to lead and coordinate their partners. Actions to meet these gaps are then incorporated into new or updated national costed operational plans of action that also include expansion of services in line with a country's national health plan and targets.

Defeat-NCD assistance can include epidemiological, economic and service delivery studies, training and technical advice, procurement and distribution capacity planning, catalysing the formation of domestic public-private-people partnerships, and support with organizing financing. We prioritise the use of national expertise, institutions and civil society to ensure inclusive and participatory policy and planning processes.

Pillar 2: Community Scale Up of NCD Services

The overall objective of Pillar 2 is to bring more of the necessary prevention and management of NCD services directly to more people who need them.

The challenge faced is that current approaches will take too long to close the huge existing gap in affordable universal service provision for NCDs. The result is a high level of preventable NCD complications that demand costly secondary and tertiary treatment and which generate large socio-economic costs and dysfunctions.

Defeat-NCD seeks to narrow this gap through demystifying, democratising, decentralising and where safely possible, demedicalising NCD service provision. This is done through enabling the earlier screening and management of the risk factors for NCDs as well as the mitigation of established disease.

To expand affordable access needs greater encouragement of self-care interventions and closer interlinkage between community-based and primary healthcare systems. They need to be backed by well-functioning and appropriate referral chains as well as strong partnerships with private caregivers and civil society. Entrepreneurial approaches to community mobilisation, education, and financing are needed combined with the use of smart digital tools and data. Upgrading service quality is vital as that has a direct bearing on patient compliance and achieving better health outcomes from treatment.

We will also have a Humanitarian Emergency Response Facility to support people with NCDs who find themselves in disaster or conflict situations.

Pillar 3. Affordability and Accessibility of Essential NCD Supplies

The overall objective of Pillar 3 is to enable the consistent provision of affordable essential NCD medicines, diagnostics, and equipment in low resource countries.

A pervasive problem for resource-poor countries is the high cost (relative to income) and precarious availability of essential quality NCD medicines, diagnostics, and equipment.

To tackle this, Defeat-NCD is designing a Marketplace to make the provision of essential NCD supplies simpler and more cost-effective. With market-sizing and price-tracking studies conducted in LMICs, the Marketplace will correct current market failures due to information imbalances, and create a competitive environment that serves the fair interests of both buyers and suppliers, while bringing transparency to the process.

By leveraging market dynamics, such as pooled purchasing power, the Marketplace – including its online procurement facility – will achieve lower prices, improved quality control, standardisation, and more effective supply chains. Financial returns from the Marketplace will then be reinvested into country programmes to help build stronger national procurement and supply chain management capacities. The Marketplace system also aims to help suppliers to tackle regulatory bottlenecks in an appropriate manner.

Pillar 4. Financing for country-level NCD programming

The overall objective of Pillar 4 is to establish a long-term sustainable financing model for NCD programming in low-resource countries.

The well-recognised challenge is that of generating the billions of dollars required to meet the global NCD targets set out in the SDGs. Furthermore, as NCDs are long-term conditions, the financing of related services is going to be a permanent burden on health and social systems. The LMICs, already the hardest hit by the rising tide of NCDs, also have the least capabilities to resource UHC for NCDs. Meanwhile, investing in NCD prevention and management is not just necessary to counter their massive negative social and economic development impacts but vital for unlocking significant and quantifiable benefits in both short and long terms.

There is no magic solution to the financing challenge, and a package of approaches will need to be tailored to specific country circumstances. That would start with cost savings from efficiencies in service delivery (Pillar 2) and linking NCD programming with other conditions, while underpinning these by investments in stronger health systems. Further efficiencies would come from reducing the costs of NCD drugs, diagnostics, and devices (Pillar 3). Governments would also need to invest more in health with a greater share coming to NCDs in support of rigorously costed NCD action plans (Pillar 1).

Out-of-pocket expenditures could continue to contribute provided they are not excessive and if they are made more efficient through social pooling mechanisms such as insurance, micro-finance, and employment-based social welfare schemes. Foreign aid can also help especially for the poorer countries and populations.

However, significant financing gaps will still remain and hence Defeat-NCD aims to explore innovative financing mechanisms that could bring additional cash into the NCD ecosystem. Options include social impact bonds and multi-country bonds raised through capital markets that are properly structured, pool risks from different countries, bring some reasonable returns for investors, and are de-risked by guarantees from respected institutions such as sovereign funds and multilateral bodies.