WORKSHOP SUMMARY

Integration of Noncommunicable Diseases into Global Health Programs
The Roadmap to Achieving the Sustainable Development Goals in 2030

June 7, 2018
Bethesda, MD
The energy in the room was palpable. During the workshop, we worked together as a global health community to examine and assess how our current health initiatives and platforms can be expanded or modified to integrate realistic, feasible approaches that can transform NCDs interventions throughout the lifecourse. We will continue to work together as a community to integrate NCDs into global health programs to achievement of the Sustainable Development Goals in 2030. This workshop was just the beginning. Stay tuned.

ARTI VARANASI, CHAIR, CORE GROUP, NCD INTEREST GROUP
On Thursday, June 7, 2018, NCD Child and CORE Group held a half-day workshop on noncommunicable diseases (NCDs) alongside the CORE Group Global Health Practitioner Conference in Bethesda, Maryland, USA. The workshop was attended by 61 people from 36 NGO, government, academic, professional, and private sector organizations.

The workshop aimed to assess how existing health platforms can be expanded or modified to integrate approaches to treating NCDs throughout the life course. Progress made around NCD prevention and management was discussed, with a focus on humanitarian settings. Participants reviewed and explored NCD interventions through a plenary panel and small group work.

Key objectives were for participants to:

1. Identify at least two novel approaches to integrate NCD prevention and management throughout the life course, with special attention to humanitarian settings.
2. Summarize successful approaches for the inclusion of youth leaders in NCD policy and advocacy.
3. Describe the interrelationship between the NCD and SDG agendas.
4. Identify at least two community-based initiatives that utilize task-sharing as an approach to build integrated NCD programs.

Plenary

Investing in NCD Prevention and Control: Leveraging Community Health Systems

In the plenary session, health experts, youth leaders and frontline health workers addressed environmental and economic factors contributing to NCDs. The panel was moderated by Dr. Mychelle Farmer, representing NCD Child and Advancing Synergy. The panel proposed the case for investing in NCD prevention and control, particularly leveraging community health systems to drive innovations that address NCDs.

- **Ishu Kataria, Senior Researcher, RTI**, raised the need to make a case for increased investment in NCDs in development work. She highlighted the potential for NCD prevention and control to improve economic productivity as well as saving lives, and suggested conducting country-level investment cases as a way to advocate for NCD investment.

- **Arti Varanasi, President & CEO, Advancing Synergy**, discussed how technology can be leveraged thoughtfully, mindfully, and purposefully for NCD integration across prevention, treatment, and control. She gave an example of a recent evaluation of a task-sharing software platform to improve cancer care coordination among low-income breast cancer patients.

- **Vince Blaser, Director, Frontline Health Workers Coalition, Advocacy and Policy Advisor, IntraHealth International**, highlighted the need for an increased number of frontline health workers, including to address NCDs. He also mentioned the importance of strengthening workforce skills, improving data systems, and implementing a continuum of care from community to facility-based health workers.

- **Ashley Foster-Estwick, Women Deliver Youth Delegate**, highlighted the importance of including youth in the process of advocacy as leaders. She discussed how non-communicable disease could be reframed or rebranded to increase engagement with the issue.

- **Maia Olsen, Program Manager, NCD Synergies, Partners in Health (PIH)**, discussed community-level efforts to move NCD care closer to those who need it. For example, in Malawi, PIH leveraged HIV platforms to establish an Integrated Chronic Care Clinic with services and screening for hypertension, diabetes, and nutrition. She also highlighted the need for advanced care at the clinical level.
Small Group Discussion

During the second half of the day, attendees broke into small groups to discuss various key questions. These were reported back to the full group in plenary. The small groups were designed to enable all workshop attendees to focus on topics of interest and contribute their ideas to the topics.

We can integrate NCDs into all SDGs. Where are the opportunities for integration beyond SDG3?

Facilitator: Aaron Emmel, American Academy of Pediatrics (AAP)

Highlights from discussion included:

• NCDs are relevant across the Sustainable Development Agenda, particularly: Goal 1: No Poverty; Goal 3: Good Health and Well-Being; Goal 5: Gender Equality; and Goal 8: Decent Work and Sustainable Growth.

• Key partners to be engaged to effectively integrate NCDs across the SDGs include: World Health Organization (WHO) offices; Ministers of Finance; private sector; private foundations; and World Bank.

• To make the case to new stakeholders, we need to develop diverse and strong key messages around the importance of addressing NCDs.

Youth leadership is essential for NCD prevention. Propose at least two interventions that will support the youth-led NCD agenda.

Facilitators: Kiran Patel, AAP; and Ashley Foster-Estwick, Women Deliver

Highlights from discussion included:

• School-based health services and education could be prioritized in order to reach youth with messaging around NCDs.

• Blood pressure monitoring could take place in community settings, including schools, in order to educate youth about blood pressure monitoring as a component of self-care starting at an early age.

• Youth could play a role in supporting community-level health care and encouraging schools and other organizations to collect relevant data.

Obesity and overweight are a growing problem contributing to NCDs. How can we step up action on childhood obesity?

Facilitators: Jessica Black, American Heart Association; and Mychelle Farmer, NCD Child, Advancing Synergy

Highlights from discussion included:

• Hunger interventions should focus on nutrition rather than caloric intake to promote health and prevent obesity.

• Public health should promote active living in places where sedentary lifestyles may be prevalent or emerging.

• Countries should consider promoting a culture of health via efforts such as: labeling and education to support decision-making; nutrition-focused emergency assistance; healthy school meals programs, expanded nutrition education opportunities; food marketing standards to limit promotion of less healthy food; ensuring access to healthy food via pricing strategies and food assistance programs; and reducing appeal of less healthy options, for example, by taxing sugary drinks.
**How can we address co-morbidities related to NCDs (e.g., disability, depression) within low resource settings?**

*Facilitator: Charlotte Block, Independent Consultant*

Highlights from discussion included:

- Challenges faced when addressing these co-morbidities include: ethical debate about screening when no treatment is available; pervasiveness of mental illness and lack of attention; funding; and working with large multi-laterals focused mainly on policy.
- Addressing co-morbidities at community level was seen as complementary to the usual approach focusing on government policy.
- Training of community health workers, as well as awareness-raising and emphasizing self-care are seen as key areas of intervention.

**Where is the evidence and the opportunity to integrate NCDs care and treatment within existing health care programs (e.g., maternal health, family planning, HIV, TB)?**

*Facilitator: Peggy Koniz-Booher, John Snow International*

Highlights from discussion included:

- A common understanding and definition of integration is needed. Different types of integration include: co-location, coordination, collaboration, and cross-training.
- Participants highlighted the importance of focusing on prevention and awareness-raising at the policy level.
- Opportunities were seen to integrate public and private-sector partnerships.
- WASH integration, as well as integration in humanitarian settings are key.
- Lack of evidence presents a challenge. Evidence is particularly lacking around the effectiveness of integration efforts, and which factors can facilitate or prevent integration.

**Explore the challenges of access to quality medicines to treat NCDs and propose an intervention that integrates essential medicines for NCDs into health systems in fragile states.**

*Facilitators: Bistra Zheleva, Children’s HeartLink and Mychelle Farmer, NCD Child/Advancing Synergy*

Highlights from discussion included:

- Better coalitions among health providers, supported by evidence-based promising practices, could be an effective approach to advocate with donors and governments.
- There are opportunities to partner with middle-income countries to build local capacity for manufacturing.
- Actors should look for opportunities for partnership with multiple private providers, to develop projects structured to improve access to medicines.

**How can we finance NCD prevention and control in fragile states?**

*Facilitator: Ishu Kataria, RTI*

Highlights from discussion included:

- Innovative funding mechanisms like pooled financing or social impact bonds;
- Unlocking domestic corporate social responsibility funding for NCDs;
- Renewed focus on public-private partnerships;
- Involving civil society organizations as a transparent voice, social accountability mechanism, and channel to disseminate messages;
- Increased media awareness by crafting compelling messaging around NCDs; and
- Educating both ministries of health and finance around needs for NCD financing.
What are some of the ways to build an effective data system that addresses NCDs throughout the life course?

**Facilitator: Arti Varanasi, Advancing Synergy**

Highlights from discussion included:

- Efforts should begin with clarifying the basics of why data are important, followed by the need to collect data consistently and systematically.
- Systems should be designed and implemented with end user abilities and resources in mind. In lower and middle-income countries, data systems must be developed in an online/offline mode which takes local context and infrastructure into account. Individuals should be trained to use electronic systems in the context of limited connectivity.
- Data collection for NCDs should focus on the minimum set of indicators that potentially integrate with others to tell broader stories. Clear standards are needed for data definitions.

Propose a low-cost mental health intervention that can be integrated into one or more existing health platforms (maternal-newborn health, nutrition programs, HIV care and treatment).

**Facilitator: Sheri Walters**

Highlights from discussion included:

- The group highlighted some interventions which were effective for different issues, including: Friendship Bench peer counseling for women with depression; integrating mental healthcare into Care Group activities in Central African Republic; Embrace Suicide Hotline; and WHO Mental Health Gap Action Program (mhGAP) and Psychological first aid tools.
- A need to better address mental health issues and needs was mentioned as a key issue. In particular, the group raised the importance of recognizing and addressing that health workers, especially in high stress situations, require mental health care. Awareness-raising and resource provision on suicide is needed, as is training on recognizing and screening for mental health conditions for general health care providers. Finally, participants highlighted the importance of addressing the impact of nutrition on mental health, as well as a general mindfulness of the potential negative impact of obesity prevention programs on weight stigma and disordered eating behavior.

Nutrition and NCDs throughout the Lifecourse.

**Facilitator: Paul Freeman, Independent Consultant**

Highlights from discussion include:

- NCD promotion should be integrated with malnutrition issues throughout the life course. Several approaches were suggested. Nutrition education should take place throughout the lifespan, starting with infants’ parents. Education is also needed around what nutrition means for NCD prevention and control for all age groups. The effectiveness of nutrition education can increase when paired with an acute event or illness.
- Availability of food must be considered. In places where high quality nutritious food is not available, education won’t be enough.
- Group also highlighted availability of a reliable and quality supply of water as essential.
Acknowledgments

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About CORE Group: CORE Group is the leading global consortium for community health practitioners. CORE Group improves and expands community health practices for underserved populations, especially women and children, through collaborative action and learning.

About NCD Child: NCD Child is a global multi-stakeholder coalition championing the rights and needs of children, adolescents, and young people living with or are at risk of developing non-communicable diseases (NCDs).

About Advancing Synergy: Advancing Synergy’s mission is to develop innovations that empower individuals and impact communities to achieve health equity and improve long-term health outcomes. We bring together expertise in research, science, health care, public health, and information technology to advance our mission.

Appendix A: Key Resources

- **A Pilot Study of a Virtual Navigation Program to Improve Treatment Adherence Among Low-Income Breast Cancer Patients**
- **Civil Society Collaborating to Provide Integrated Noncommunicable Disease / Sexual and Reproductive Health Service Delivery in Barbados**
- **Development and Evaluation of a Technology-Enhanced Interdisciplinary Navigation Program for Low-Income Breast Cancer Patients**
- **Frontline Healthworkers: Fighting Noncommunicable Diseases**
- **Global Strategy on Human Resources for Health: Workforce 2030**
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- **Lancet taskforce on NCDs**
- **Lower-Income Countries That Face The Most Rapid Shift In Noncommunicable Disease Burden Are Also The Least Prepared**
- **NCD Alliance Campaign Priorities The 2018 United Nations High-Level Meeting on NCDs**
- **NCDs Economics and Financing**
- **Noncommunicable Disease Prevention and Adolescents**
- **PIH Chronic Care Toolkit**
- **Preparing Caricom Ministries Of Foreign Affairs For The 3rd Un High-Level Meeting On Ncds And Beyond**
- **Programs to prevent NCDs in India: Improving healthy eating for adolescents**
- **PRB report**
- **Programs to prevent NCDs in India: Improving healthy eating for adolescents**
- **Shaping the Health Systems of the Future**
- **Saving lives, spending less: A strategic response to noncommunicable diseases**
- **Storytelling Training Leads Frontline Health Workers to Advocate at the Highest Levels of Governance**
- **Storytelling Training Leads Frontline Health Workers to Advocate at the Highest Levels of Governance**
- **The Case for Frontline Health Workers in Addressing Non-Communicable Diseases Globally**
- **WHO Digital Health Resolution, 21 May 2018.**
Appendix B: Workshop Panelists and Facilitators

Jessica Black, American Heart Association
Jessica Donze Black RD, MPH is the National Vice President of Community Health for the American Heart Association where she works with communities across the country collaborating to achieve improved health and wellbeing. Prior to joining the AHA, Jessica directed the Kids Safe and Healthful Foods Project - a joint initiative of The Pew Charitable Trusts and the Robert Wood Johnson Foundation where she leads research, communications, and advocacy work focused on child nutrition.

Vince Blaser, Director, Frontline Health Workers Coalition, Advocacy Advisor, IntraHealth International
Vince Blaser is the Director of the Frontline Health Workers Coalition (FHWC), an alliance of more than 35 US-based public and private organizations working together to urge greater and more strategic US investment in frontline health workers in developing countries as a cost-effective way to save lives and foster a healthier, safer and more prosperous world. He is also Advocacy Advisor for IntraHealth International, where the FHWC secretariat is housed.

Charlotte Block, Independent Consultant
Charlotte Block is a registered dietitian and nutrition consultant specializing in NCDs and nutrition-sensitive approaches. She has over 15 years of experience working in clinical, field and HQ settings. Previously, she was technical director of nutrition at ACDI/VOCA, providing technical assistance on nutrition-sensitive agriculture, value chain, and market system projects.

Aaron Emmel, American Academy of Pediatrics
Aaron Emmel has a decade of experience representing large organizations to federal and UN agencies and shaping U.S. and global policies on global health, international development, international security and human rights. As Manager of Global Health Advocacy Initiatives for the American Academy of Pediatrics, Aaron develops strategies and advances policies that save lives and promote healthy child and family development.

Mychelle Farmer, NCD Child, Advancing Synergy
Mychelle Farmer, MD FAAP is Chair of NCD Child and the Chief Medical Officer at Advancing Synergy. Previously, she served as the Senior Advisor on noncommunicable diseases (NCDs) for JHPIEGO. In this role, she supported the global effort to integrate noncommunicable disease (NCD) screening and prevention into primary care and community-based settings. She also worked with country programs to find ways to expand sexual and reproductive health services for adolescents and youth.

Ashley Foster-Estwick, Women Deliver Youth Delegate
Miss Ashley Foster-Estwick is a 26-year-old Barbadian native who currently works as a Research Assistant at the George Alleyne Chronic Disease Research Centre. Ashley completed her graduate studies at the University of Kent in Canterbury, England and the University of the West Indies, Cave Hill Campus Barbados. She is one of the Women Deliver Young Leaders for Barbados and a Healthy Caribbean Coalition Youth Advocate.

Paul Freeman, Independent Consultant
Paul Freeman DR PH (Hopkins), MBBS, MHP(ED) MPH (TH) is an independent consultant affiliated with the Department of Global Health, University of Washington. He has over 45 years of experience in the design, management, implementation, monitoring and evaluation of health programs and projects especially in primary health care, child survival and malaria control in 14 developing countries and for deprived indigenous populations in developed countries. He has designed and implemented human capacity building from national and University to community levels.
Ishu Kataria, RTI
Dr. Ishu Kataria is a Public Health Researcher in the Noncommunicable disease initiative team at RTI International. She is also the Global Coordinator for the Young Professionals Chronic Disease Network (YP-CDN) - a global nonprofit that works to mobilize young leaders worldwide to take action against social injustice driven by noncommunicable diseases. At YP-CDN, she works with young local community leaders at the grassroots level for doing advocacy campaigns on NCDs and access to medicines.

Peggy Koniz-Booher, JSI
Ms. Koniz-Booher is an international public health nutritionist and social and behavior change communication (SBCC) specialist with more than 25 years of technical and management experience. She currently serves as the Team Lead and Senior Technical Advisor for SPRING’s nutrition and SBCC programming. Ms. Koniz-Booher has lived and worked in over 30 countries where she has designed and supported multiple behavior change and communication programs focused on maternal infant and young child nutrition, adolescent nutrition, family planning and reproductive health, prevention of mother-to-child transmission of HIV, nutrition and HIV/AIDS care and support, and the development of state-of-the-art training and communication tools.

Maia Olsen, NCD Synergies, Partners in Health
Maia Olsen is a Program Manager for NCD Synergies at Partners In Health. She holds an MPH in International Health from Boston University and a BA in Anthropology and Global Development Studies from Grinnell College. In her role at PIH, she provides program management and fundraising support to PIH’s noncommunicable disease (NCD) programs and works with colleagues supporting the Lancet NCDI Poverty Commission.

Kiran Patel, American Academy of Pediatrics
Kiran Patel is a Program Manager in the Department of Global Child Health & Life Support at the American Academy of Pediatrics. Her areas of focus are the prevention and treatment of non-communicable diseases; advocacy education; and social media. In her current role, Kiran primarily manages the Academy’s function as the Secretariat for NCD Child, a global coalition championing the rights and needs of children, adolescents, and youth who are living with or are at risk of developing NCDs.

Arti Varanasi, Advancing Synergy
As President and CEO of Advancing Synergy, LLC, Dr. Arti Patel Varanasi is passionate about developing innovations that build stronger communities and enable all individuals to lead healthier and longer lives. She is interested in leveraging technology to address noncommunicable disease (NCD) prevention and management and increase health equity. Arti has over 25 years combined experience in cancer research, advocacy, capacity building, public health, and project management.

Sheri Walters, Independent Consultant
Sheri Walters has over 25 years of public health experience including extensive work with international aid organizations designing and implementing health-related educational programs, training, and evaluation. Her recent work, in the U.S., has focused on research, HIV/AIDS, creation of educational products related to childhood obesity, child behavioral health, and wellness projects. Sheri holds an M.P.H. with a concentration in health education and rural/cross-cultural health.

Bistra Zheleva, Children’s HeartLink
Bistra Zheleva, MBA is the Vice President of Global Strategy and Advocacy at Children’s HeartLink. Bistra has 15 years of global experience in advancing the cause of improving access to care for children with congenital heart disease. Under her leadership, Children’s HeartLink’s programs almost doubled, increasing the organization’s presence and impact in the five countries served. As of January 2018, she’s been leading the Children’s HeartLink global thought leadership strategy engagement with governments and international development institutions, and the Children’s HeartLink country level growth.