



# Annual Report 2019

[www.defeat-ncd.org](http://www.defeat-ncd.org)

We help low-resource countries to tackle today's most significant global health challenge: premature death, sickness, disability and the associated social and economic impacts from non-communicable diseases. The Defeat-NCD Partnership includes governments, multilateral agencies, civil society, academia, philanthropies and the private sector.

## WHO WE ARE

The Defeat-NCD Partnership was set up in 2018 as the practical response to the widespread call for action on non-communicable diseases (NCDs). The Defeat-NCD Partnership is a 'public-private-people' partnership anchored in the United Nations, which includes governments, multilateral agencies, civil society, academia, philanthropies, and the private sector.

Our founding 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.

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. Striving for gender equality in how we operate is a principal driver for us.



According to the World Health Organization (WHO)<sup>1</sup>, although there has been some action against NCDs at both country and international levels, unless there is a serious change in approach, SDG 3.4 will not be attained.

## WHAT WE DO

Following extensive consultations, an updated [strategy](#) for The Defeat-NCD Partnership was approved and came into effect on 22 April 2019.

In devising our strategy, we have drawn on lessons from past and current global health programming. Incorporating those insights, we have concluded that NCDs require a 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 factors 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.

The initial programme focus is on diabetes and cardiovascular diseases, incorporating chronic respiratory conditions and cancers where they can be

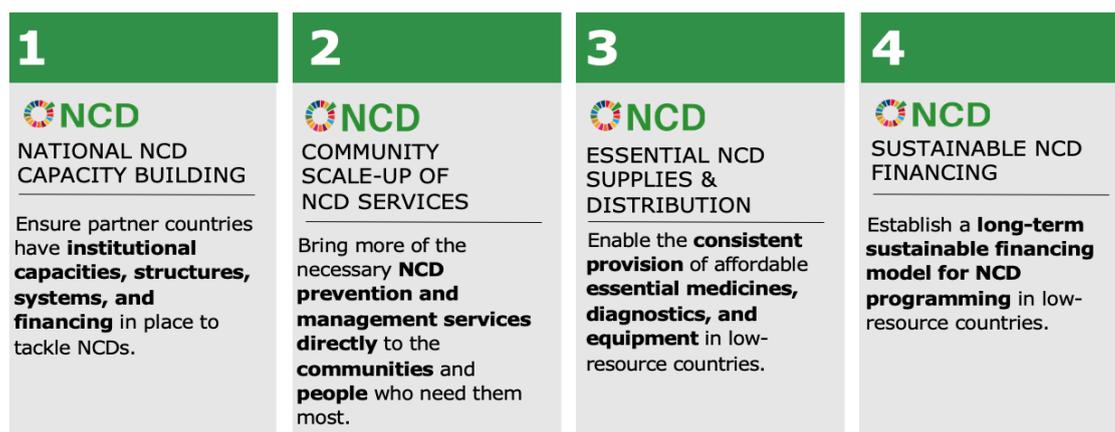
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<sup>1</sup> World Health Organization. *Time to deliver: report of the WHO Independent high-level commission on noncommunicable diseases*, 2018.

feasibly integrated into our work. A health systems approach under a UHC framework is a strong preference, rather than verticalized disease programming. This approach also recognises the linkage between NCDs and communicable diseases, mental health, disability, and other conditions.

## HOW WE WORK

Our strategy is organised around **four interconnected pillars**, which 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.

The Defeat-NCD Partnership's 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 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.

The Defeat-NCD Partnership 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.

The Defeat-NCD Partnership 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, The Defeat-NCD Partnership 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.

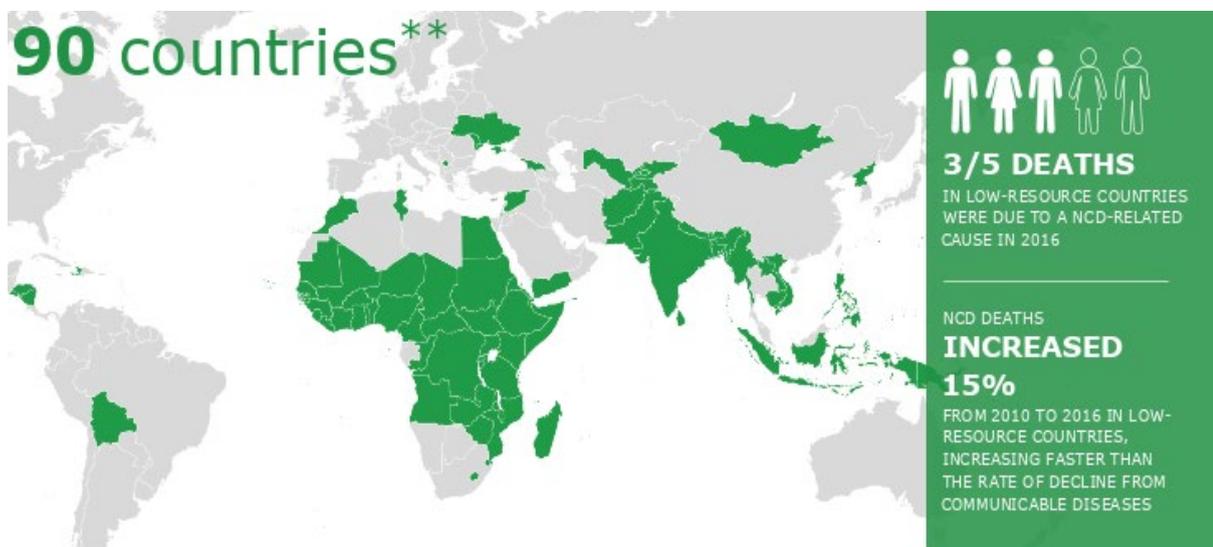
However, significant financing gaps will still remain and hence The Defeat-NCD Partnership aims to explore innovative financing mechanisms that could bring additional cash into the NCD ecosystem. Options include social impact bonds and multi-country bonds raised through capital markets that are properly 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.

## **WHERE WE WORK**

Preparatory programming missions to ten countries took place during 2019. These included Rwanda (January 2019), Myanmar (February 2019), India (March 2019), Haiti, Zimbabwe, Bangladesh, Saint Lucia, and Trinidad and Tobago (April 2019), Kenya, and Uganda (May 2019). These missions informed the identification of the initial two priority countries for 2020 programmatic support, and the operating model of locating The Defeat-NCD Partnership country experts within Ministries of Health. Myanmar and Rwanda were prioritised for 2020 programmatic support in view of the following considerations:

- Strong political commitment and requests from health ministers for support in the development of national NCD costed action plans;
- Country appetite and conducive environment for introducing innovative private sector solutions to scale up NCD services;
- Government interest in benefitting from The Defeat-NCD Partnership Marketplace to realise significant savings in public procurement of NCD drugs, diagnostics, and medical devices; and
- Alignment with the respective national NCD strategic planning cycles.

Learning from experience in these two countries will inform the scaling of our work to an additional five to ten countries in 2021, in line with the planned roll-out across 90 low resource countries during the course of this decade.



The Partnership participated in several high-level stakeholder events and consultations in 2019, including:

- 74<sup>th</sup> Session of the United Nations General Assembly in New York to engage current and prospective donor and programme countries. Bilateral meetings included Narendra Modi, Prime Minister of India; Angela Merkel, Chancellor of Germany; Emmanuel Macron, President of France; Alexander De Croo, Deputy Prime Minister of Belgium; Myint Htwe, Minister of Health and Sports, Myanmar; Diane Gashumba, Minister of Health, Rwanda; and Jane Ruth Aceng, Minister of Health, Uganda.
- A closed meeting organised at the World Economic Forum's annual meeting in Davos to discuss the "Private sector's role in Public-Private-Partnerships in the context of The Defeat-NCD Partnership";
- World Health Assembly in Geneva, engaging in several high-level discussions with member states and private sector collaborators and establishing potential new partners;
- Prince Mahidol Award Conference in Bangkok;
- International Humanitarian Aid and Development Conference and Exhibition in Dubai;
- WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs and Mental Health in Muscat;
- The 12<sup>th</sup> meeting of the UN Interagency Taskforce on the Prevention and Control of NCDs in New York;
- Public-private roundtable in New York co-chaired by the Government of the United States of America, the Government of the Republic of Kenya and the World Economic Forum to develop partnerships to achieve public health goals - scaling up action on the NCD-related SDGs.
- Harvard Medical School Conference on Diabetes in Humanitarian Settings in Boston, which resulted in the publication of the Boston Declaration on Diabetes in humanitarian crises signed by the conference participants;
- The first Geneva Health Forum Expert Meeting co-organized with the Faculty Diabetes Center discussing "What are the current challenges and solutions to access to insulin and diabetes care?";
- The 6<sup>th</sup> German-African Healthcare Forum in Berlin to participate in a panel discussion on strengthening public-private partnerships; and
- Contributed towards the study "Improving Global Access to NCD Medicines and Technologies" commissioned by the Swiss Agency for Development and Cooperation and undertaken by the University of Geneva;

Furthermore, the Partnership organized a high-level moderated panel discussion at the 11<sup>th</sup> World Health Summit in Berlin on Access to Sustainable NCD Treatment and Care. Panellists included: Jane Ruth Aceng, Minister of Health, Uganda; Myint Htwe, Minister for Health and Sports, Myanmar; Devora Kestel, Director, Mental Health and Substance Abuse, World Health Organization; Antonio Ruffolo, Head, Access to Healthcare and Global Health Policy, Boehringer Ingelheim; Nikhil Seth, UN Assistant Secretary-General and Executive Director, United Nations Institute for Training and Research, and Mukul Bhola, Chief Executive Officer, The Defeat-NCD Partnership.

The event took place on 29 October 2019 and was oversubscribed (with over 100 participants), with several new programme countries, public and private sector donors and potential new partners expressing their interest to join the Partnership.

In Geneva, the Chief Executive Officer also undertook several courtesy and introductory meetings with Permanent Representatives and Ambassadors of the State of Kuwait, State of Qatar, Kingdom of Bahrain, Kingdom of Saudi Arabia, Sultanate of Oman, United Arab Emirates and the Gulf Cooperation Council.

Official missions were undertaken by the Partnership to the United Kingdom, Germany, United States of America, Qatar, United Arab Emirates, Denmark, Oman, and Japan for bilateral meetings with partners, stakeholders, current and prospective donors.

## **HOW WE ARE FUNDED**

The Defeat-NCD Partnership mobilises un-earmarked funds against its approved workplan and budget from a combination of public and private sector contributors. All contributions are received in compliance with the United Nations host agency's due diligence rules and processes to prevent real or perceived conflicts of interest. The established minimum level of financial contributions covers a three-year period and is set at US\$ 3 million for public sector partners, and US\$ 5 million for philanthropic and private sector partners.

Since 2018, the Partnership has received initial pledges and contributions from the Government of Denmark, the European Commission, Novo Nordisk, Roche, and Novartis. Boehringer Ingelheim joined The Defeat-NCD Partnership as a new donor on 16 September 2019. The formal announcement was made on 29 October 2019 during the World Health Summit in Berlin, and a [press release](#) was issued by Boehringer Ingelheim announcing the partnership.

In order to realise and receive the European Commission's pledged EUR 3 million [contribution](#), The Defeat-NCD Partnership's host agency (the United Nations Institute for Training and Research, UNITAR), submitted an official request to be invited to be pillar assessed by the European Commission on 11 September 2019. The European Commission has since approved UNITAR for the initial "legal check" and "opportunity check" stages<sup>2</sup> which are prerequisites to undertaking the assessment process. UNITAR is evaluating applications from a public tender notice posted on the [United Nations Global Marketplace](#) to invite qualified suppliers of audit services to submit expressions of interest for undertaking a comprehensive EU pillar assessment.

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<sup>2</sup> Letter from the Directorate-General for International Cooperation and Development dated 9 June 2020 inviting UNITAR to proceed with the pillar assessment process.

## HOW WE ARE GOVERNED

The interim Governing Board for The Defeat-NCD Partnership was formed on 31 January 2018 with an initial term of office until 31 December 2018. This was extended up to 31 March 2019 by decision taken during the face-to face board consultation on 10-11 December 2018.

Following a review of possible options for a revised Governance Mechanism that would reflect the evolving nature of The Defeat-NCD Partnership, new revised [statutes](#) were adopted and came into effect on 13 March 2019.

Important principles in the revised Governance Mechanism include:

- Inclusive participation of stakeholders;
- Efficiency of governance processes;
- Better management of real or perceived conflicts of interest; and
- Lessons learned from other models of governance of partnerships, adapted to the requirements of The Defeat-NCD Partnership.

Thus, the governance mechanism has three complementary parts: A High-Level Council (HLC); a Consultative Group (CG) of stakeholders; and an Executive Committee (EC):

- The HLC provides high-level policy guidance, garnering political support and monitoring impact. It includes ministers of government and CEOs of private sector companies supporting Defeat-NCD;
- The CG is the 'big tent' of all stakeholders and constituencies relevant to NCDs, and those providing financial, technical or in-kind support to the Partnership; and
- The EC is charged with decision-making which commits resources of the Partnership, taking cognisance of the rules of the hosting entity, and the advice and recommendations of the HLC and CG.

## WHERE WE ARE HOSTED

The Defeat-NCD Partnership is a public-private-people partnership anchored in the United Nations. On 1 August 2019, the Partnership transitioned from being hosted at the United Nations Office for Project Services (UNOPS) to UNITAR with Mukul Bhola being appointed Chief Executive Officer.

The terms of the ten-year UNITAR Operations Agreement for hosting The Defeat-NCD Partnership include cost-effective fees; an inclusive governance mechanism which allows for the full participation of key stakeholders while ensuring a clear conflict-of-interest policy; and retention of all intellectual property developed at UNITAR.

In November 2019 during the 60<sup>th</sup> session of the Board of Trustees of UNITAR, the Board took note of and endorsed the Operations Agreement between UNITAR and The Defeat-NCD Partnership to host the Secretariat of the Partnership and its progress so far. The Board then approved the Partnership as presented under the UNITAR programme budget for the biennium 2020-2021.