

**Australian Government Submission to the WHO on the Discussion Paper  
*Development of an updated Action Plan for the Global Strategy for the Prevention  
and Control of Non-Communicable Diseases***

**Introduction**

Australia offers the comments below on the WHO discussion paper (dated 26 July 2012) titled: *Development of an updated Action Plan for the Global Strategy for the Prevention and Control of Non Communicable Diseases covering the period 2013 to 2020* (the discussion paper).

Australia is pleased to note the progress being made by World Health Organisation (WHO) in moving forward the actions requested in the *Political Declaration* of the United Nations General Assembly High Level Meeting (UNGA HLM) on non-communicable diseases (NCDs) in September 2011, in particular the development of the *Global Action Plan for the Prevention and Control of NCDs 2013-2020* (the 2013-2020 Action Plan).

This submission incorporates the views of the Australian Government Department of Health and Ageing and the Australian Agency for International Development (AusAID) in the Department of Foreign Affairs and Trade.

**Overarching Views**

Australia supports the overall approach proposed for the development of the 2013-2020 Action Plan. In particular, that the new plan will:

- build incrementally on the success and achievements of the *2008-2013 Action plan for the global strategy for the prevention and control of non-communicable diseases*;
- use the *Political Declaration* of the UNGA HLM as a guide for future action; and
- link to existing strategies on tobacco, alcohol, diet and physical activity.

Australia notes the critical importance of ensuring strong linkages between the development of the 2013-2020 Action Plan and ongoing WHO work on the development of the *Global Monitoring Framework for the Prevention and Control of NCDs* and on options for strengthening and facilitating multi-sectoral action for the prevention and control of NCDs through partnership.

Australia also notes that the *Political Declaration* of the UNGA HLM focuses on Gender and Maternal and Child Health and considers that these topics could be given further consideration in the 2013-2020 Action Plan.

Australia notes that the *Political Declaration* of the UNGA HLM recommends using Whole-of-Government and Health-in-All-Policies approaches as appropriate when seeking to instigate effective NCD prevention and multi-sectoral action. However, the discussion paper uses Health-in-All-Policies nomenclature, rather than Whole-of-Government. Both terms are worthy of incorporation to recognise the different approaches that Member States take to achieve multi-sectoral action.

## **Responses to Questions Posed in the Discussion Paper**

The WHO Discussion Paper raises questions on pages 17-18. This submission provides comments against these questions below.

### ***Accelerated National Response (page 17)***

The goal of the Action Plan should be about implementation of the political declaration. It should not be limited to the 25% mortality reduction target, which is a key objective, but which on its own overlooks the need to focus on prevention.

Australia supports the inclusion of an objective focusing on strengthening capacity and accelerating national action in the 2013-2020 Action Plan by building affordable health systems through equitable distribution of resources and by addressing barriers hindering access to services. Through AusAID, Australia carries out health system strengthening activities to foster the development of effective and functioning health systems in developing countries. Building stronger health systems means being equipped with necessary components, such as human resources, access to medicine and sustainable financing. Australia believes that efforts to accelerate national action in the 2013-2020 Action Plan need to be context specific and place countries' agendas first.

In promoting 'best buys' within the final 2013-2020 Action Plan, it will be important to acknowledge that there needs to be some flexibility in determining best buys within Member States. Linked to this is how the Action Plan reflects the agreed actions on the existing strategies and resolutions on NCD issues. For example, Member States will already have some existing obligations so the 'costing tool for national scale-up of NCD best buys' needs to be user friendly and able to provide practical advice for implementation in resource poor settings.

Consideration needs to be given to the balance between prevention, control and treatment with greater clarity provided on the relative focus that is likely to be given to population-wide versus individually-focused interventions.

There is a strong focus on research in the Discussion Paper which is welcomed. For example, the paper mentions stronger evidence of the benefits of, and interventions, for increased physical activity. Australia has made investments in the Pacific region through the Australian Sports Outreach Program which is supported by the evidence. There may also be a need to consider medicines research and development to deliver medicines for neglected diseases.

As well, there is a need to ensure links to existing strategies and interventions, for example, the WHO strategies on tobacco, alcohol, diet, physical activity and prevention and control of viral hepatitis.

The previous Action Plan was very clearly focussed on the main four NCDs. Whilst this is supported, to take account of the Political Declaration, this new plan will need to consider other conditions such as mental health, oral health and eye health.

### ***Increase and prioritise budgetary allocations for addressing NCDs (page 17)***

Australia notes references to sustainable financing in the discussion paper including the issue of investing adequately in best buys and proposals for innovative funding

mechanisms (bi-lateral, global pooled) or increased taxation as options to raise revenue. Multi-sectoral approaches are suggested (Whole-of-Government action, responsible stewardship, etc) for the deployment of funds but the discussion paper does not discuss the option of complementing and leveraging off existing intergovernmental financing reforms. The Plan will also need to ensure that proposals around taxation fit within the mandate of the WHO.

Synergising NCD investments with current financing reforms helps integrate health priorities within Whole-of-Government planning and budget processes and helps make investments in building an affordable and efficient health system more sustainable. The 2013-2020 Action Plan will also need to reference the role of the private sector, which is crucial for countries where the majority of health services are provided by the private sector.

### ***Roles and responsibilities of civil society and the private sector (page 17)***

Australia acknowledges that the following topics are important areas to be considered by Member States when seeking to improve prevention and control of NCDs:

- reduction of salt in processed food;
- the reduction in industrially-produced trans-fatty acids from the food supply; and
- improving access to essential medicines and technologies.

Australia also acknowledges the need to engage non-government actors and key stakeholders, civil society and the private sector, in collaborative partnerships to promote health and to reduce NCD risk factors in relation to these issues. Such engagement needs to be evidenced-based, cost effective and linked to the broader directions outlined in the *Political Declaration* of the UNGA HLM.

Australia notes from its own experience that often a mix of regulatory and self-regulatory approaches is needed for dealing with many of these issues. Regulation can also take significant financial resources and time to develop. For sustained action, progress can be slow so governments need to prioritise actions in partnership with industry.

The 2013-20 Action Plan should be flexible enough to allow Member States to develop their own mix of regulatory and industry self-regulatory tools in consultation with private sector partners to suit country-specific circumstances.

### ***Partnerships (page 18)***

Australia notes the ongoing work being carried out in this area by the WHO on options for strengthening and facilitating multi-sectoral action for the prevention and control of NCDs through partnership. Australia considers it critical that the 2013-2020 Action Plan link effectively with this work.

Australia agrees with the WHO approach of identifying multiple policy levers to target priority issues as well as using more formal multi-sectoral approaches. While particular strategies have worked in Australia at a point in time, it will be important that the 2013-2020 Action Plan recognises that Member States face differing circumstances and only broad guidance would be applicable across countries.

Further information on Australia's position in relation to WHO work on multi-sectoral action to address NCDs can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/waon>

### ***Monitoring (page 18)***

Australia notes the ongoing work being carried out in this area by the WHO on the *Global Monitoring Framework for the Prevention and Control of NCDs*. Integrating this work and the 2013-2020 Action Plan will strengthen both initiatives.

Recognising the work that is being done on the development of the Global Monitoring Framework, some caution will be needed to manage any further reporting introduced against the action plan.

### ***Post 2015 UN Development Agenda (page 18)***

Australia considers that in combination with the *Global Monitoring Framework for the Prevention and Control of NCDs* and work on strengthening and facilitating multi-sectoral action for the prevention and control of NCDs, the development of the 2013-2020 Action Plan will provide a strong platform for influencing and, in turn, implementing the Post-2015 Development Agenda and goals.

## **Other Issues**

### ***Proposed objectives of Action Plan (page 16)***

The text on page 16 around the proposed objectives for the Action Plan on international cooperation and revenue raising could be further clarified as it is unclear why partnerships and co-operation are drivers for revenue raising and whether revenue raising is at the national or international level. The objective on research may be somewhat limiting given the prioritised research agenda is from 2010 so the agenda may be out of date by the time the new Action Plan begins. The objective to create interconnections already seems to be covered by creating political and public awareness of NCDs as a health and development issue.

### ***Maternal and Child Health***

As identified in the *Political Declaration* of the UNGA HLM, there needs to be a strong focus on maternal and child health in the 2013-2020 Action Plan. Good health is important at all stages of life. Under-nutrition in the womb may increase risk of disease in adult life, such as circulatory diseases and diabetes. Obese or overweight adolescents run the risk of developing chronic diseases, such as diabetes, circulatory disease and cancer in adult life.

### ***Gender/Indigenous***

The global burden of low health status remains on the poorest people, including those in middle-income countries. It is for these reasons that we must work to ensure equity in health outcomes and that the poor are accounted for. As part of any discussion on equity of health outcomes, there are important Indigenous and gender dimensions to consider which must be addressed in the 2013-2020 Action Plan. For example, the burden of care for ill or disabled older family members tends to fall on women and, considering women are often the care givers for not only their children but subsequently their grandchildren, investing in the lives of mothers and their children is cost effective, increases productivity and promotes social stability.

**Looking Forward**

Australia appreciates the opportunity of providing comments on the discussion paper and looks forward to providing more detailed comments on the “annotated zero draft” of the 2013-2020 Action Plan.