



***NCDs and Women, Children and Adolescent Health: A shared Agenda.  
A life course approach to the updated Global Strategy for Women's, Children's, and  
Adolescent's Health***

**Themes:**

1. **Life course approach:** Define and integrate the life course concept coherently throughout the strategy to make a clear case for integrated RMNCAH and NCD services.
2. **Communication:** Clearly articulate the cost-benefits of integration to decision makers and develop necessary data and success stories in support.
3. **Multisectoral action:** Identify strategic areas for 'co-action' and 'co-investment' and focus on incentivization and systematic scale-up.
4. **Accountability:** Interlink RMNCAH and NCD sets of metrics and accountability mechanisms.

***Introduction***

The NCD Alliance and the Partnership for Maternal, Newborn and Child Health (PMNCH) hosted a roundtable discussion on the role of a life course approach and opportunities for integration of Maternal, Newborn, Child and Adolescent Health (RMNCAH) and NCDs within the zero draft Global Strategy for Women's, Children's and Adolescent's Health (zero draft GS 2.0). Moderated by Dr Richard Horton, Editor-in-Chief of The Lancet, the roundtable drew on the experience and expertise of participants from the RMNCAH and the NCD communities, the UN system, low- and high-income country governments, development agencies, academia and the private sector. The discussion raised a number of critical gaps and areas that needed strengthening in the zero draft and focused on how the RMNCAH and NCD agendas could be more closely aligned and build on each other in future.

PMNCH Deputy Executive Director Dr Anshu Bannerjee opened the meeting with an overview of the process to develop the GS 2.0. He highlighted that in addition to positioning the GS 2.0 within Universal Health Coverage and Social Protection, the consultations to date had produced agreement that the next strategy should include 5 additional cross-cutting themes: adolescent health; MNCH in humanitarian action; multisectoral engagement; a human rights approach; and strong accountability and data collection.

***Life course Approach***

Building on Dr Bannerjee's remarks NCD Alliance Executive Director Katie Dain emphasized that we can no longer talk about RMNCAH without talking about NCDs – of the 38 million annual global deaths attributable to NCDs, 18 million are among women, and over 1.2 million among people under 20 years of age. NCD risk begins at conception, and patterns of consumption of unhealthy products and exposure to social and environmental determinants of NCDs are established in childhood and often reinforced during adolescence. She welcomed the introduction of a life course approach in the zero draft GS 2.0, but pointed out that the document fails to develop this approach and capitalize on the significant cost-benefits that accrue from integrating NCD prevention and control coherently throughout the life course. She also emphasized the importance of including NCDs in the strategy's goals and targets to ensure monitoring of progress.

### ***Multisectoral Action and Partnerships***

Participants emphasized that RMNCAH investments are recognized by Ministers of Finance – an important opportunity for NCD community. However, one speaker cautioned that integration did not mean working together on everything, but rather that strategic areas for 'co-action' and 'co-investment' should be identified and communicated to Ministers of Health and Ministers of Finance. Another speaker added that calls for integrating RMNCAH and NCDs are not new and RMNCAH programmes already exist that can easily be built on; instead focus should be placed on the incentives to support collaborative work, as well as systematic scale-up.

Private sector representatives around the table reaffirmed their commitment to a joint RMNCAH and NCD agenda, and stressed the need to move beyond seeing the private sector solely as a source of funding. Sharing the experience from a Novo Nordisk-supported gestational diabetes project in Colombia, Corporate Vice President Charlotte Ersbøll pointed the company's role as a catalyst in developing a sustainable model for the integration of screening into antenatal care. Owing to the local engagement, this project has resulted in an increase of screening rates from 5% to 97%.

### ***Communicating Integration***

Several participants highlighted the urgent need to improve communication of the co-benefits of integrating RMNCAH and NCDs, focusing on success stories that lend themselves to systematic scale-up. The two communities should in particular collaborate on communicating the investment case, particularly the cost-benefits of investing in integrated services to governments and development agencies. Only through concrete and practical success stories will governments and donors gain the confidence required to invest in a joint RMNCAH and NCD agenda.

### ***Sustainable Development Goals (SDGs)***

Another theme in the discussion was the role of the GS 2.0 as an implementation mechanism for the SDGs. The SDGs contain a holistic health goal and several participants emphasized that the Global Strategy has to transcend its previous focus on maternal and child mortality towards well-being and health more broadly. Moreover a number of participants recognised that the inclusion of universal health coverage (UHC) provides further impetus for integrated approaches, which make more effective and efficient use of resources. A number of speakers voiced concerns that the SDG framework could limit the scope and ambitions of the strategy and suggested the GS 2.0 should be aligned with but not dictated by the SDGs.

### ***Sustainable Financing***

Given the increasing focus on domestic resource mobilisation (DRM) discussants recognised the need for new financing mechanisms moving away from the old model of overseas development aid (ODA) dictated by donors to country-led and more sustainable approaches. A number of speakers suggested the Financing for Development process (FfD) as a critical opportunity for the RMNCAH and NCD community to join forces and align strategies.

### ***Accountability***

Participants acknowledged the critical role of independent review mechanisms and the success of Countdown 2015 in holding governments to account for commitments made. With regards to the proposed NCD Countdown to 2025 and discussions on what will replace Countdown-2015, participants highlighted the need to interlink different accountability mechanism and use similar metrics in the post-2015 era.

#### **Recommendations for joint action:**

1. **Advocacy:** Communicate success stories and align advocacy around the SDGs and FfD
2. **Solutions:** Build a robust investment case for the integration agenda
3. **Accountability:** Leverage opportunities for mutually supportive accountability mechanisms and linked set of metrics in the post-2015 era.