Overview: The first World Bank-hosted Knowledge Exchange brought 11 National NCDI Poverty Commissions/Groups together with World Bank representatives based in 11 country offices (including World Bank headquarters). Sixty-one participants, including 30 members of NCDI Poverty Commission/Groups, convened both in person and via video conference to discuss strategies for poverty and NCDI burden estimation.

In four countries – Afghanistan, Nepal, Tanzania, and Mozambique – National NCDI Poverty Commission members joined World Bank country office staff to participate in the Exchange using the Bank’s videoconferencing facilities. Other participants joined the Exchange via Webex from Ethiopia, India, Kenya, Liberia, Malawi, Norway, Rwanda, South Africa, the United Kingdom, and the United States.

The Exchange spurred meaningful discussion on challenges, successes, and potential areas of collaboration between the Commission and the World Bank. World Bank participants identified a number of opportunities for fruitful collaboration, including:

- Connecting the Global and National NCDI Poverty Commissions and Groups with the Bank’s Poverty Global Practice;
- Sharing of information and knowledge related to fiscal space analysis, out-of-pocket and catastrophic health expenditures;
- Working together to improve collection and access to quality data that includes both health and poverty indicators; and
- Organizing country-level meetings between National NCDI Poverty Commissions/Groups and World Bank offices to explore in greater depth potential areas of collaboration.

The second Knowledge Exchange event is scheduled for December 14th from 7:30am-9:30am EST, with a focus on Baseline Coverage and Priority-Setting for NCDI Interventions among the Poorest Billion.

Knowledge Exchange #1 Agenda:

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator or speaker</th>
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<tr>
<td>7:30 – 7:45</td>
<td>Welcome and Introduction to Knowledge Exchange</td>
<td>Neil Gupta</td>
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<td>Patrick Lumumba Osewe</td>
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<td>7:45 – 8:00</td>
<td>Overview of the Lancet Commission on Reframing NCDs and Injuries of the</td>
<td>Gene Bukhman, Co-Chair, Lancet NCDI Poverty</td>
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<td>Poorest Billion and National NCDI Poverty Commissions/Groups</td>
<td>Poverty Commission</td>
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<td>8:00 – 8:20</td>
<td>Using Global Burden of Disease 2015 Data for National NCDI Poverty</td>
<td>Matthew Coates, Research Associate,</td>
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<td>Analysis</td>
<td>Harvard Medical School</td>
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Summary notes:

I. Welcome and Introduction
Dr. Neil Gupta, Clinical Director, NCD Synergies, Partners In Health
Dr. Patrick Lumumba Osewe, Global Lead, Healthy Societies Global Solutions Group, World Bank

Miriam Schneidman, Lead Health Specialist at The World Bank, and moderators Neil Gupta and Patrick Osewe started the Exchange by welcoming attendees and facilitating introductions. Neil continued by reviewing the Exchange objectives:

- Introduce the Lancet NCDI Poverty Commission and National NCDI Poverty Commissions/Groups to World Bank colleagues;
- Discuss the use of Global Burden of Disease (GBD) study data;
- Hear from countries on how GBD data is being used for policy and action; and
- Discuss experiences and opportunities for ongoing exchange and collaboration between NCDI Poverty Commissions and the World Bank.

Patrick Osewe concluded the introduction by emphasizing the important opportunity the Exchange provides to share insights, learn from one another, and explore collaboration.

II. Overview of the Lancet Commission on Reframing NCDs and Injuries of the Poorest Billion and National NCDI Poverty Commissions and Groups
Dr. Gene Bukhman, Co-Chair, Lancet NCDI Poverty Commission

Dr. Gene Bukhman began by introducing the Lancet Commission on Reframing NCDs and Injuries of the Poorest Billion’s history and framework. Dr. Bukhman highlighted the Commission’s focus on understanding, and prioritizing interventions to address, the distinctive burden and risk factors for NCDs and injuries among the world’s poorest populations. This focus is reflected in the Commission’s four main objectives:

1. Assess the nature of the NCDI burden among the poorest billion people in the world;
2. Work with a group of countries to develop actionable pro-poor pathways for expansion of NCDI interventions;
3. Assure that sustainable financing is not a bottleneck to just NCDI treatment and prevention among the world’s poorest; and
4. Expand the NCD movement and the global health agenda to urgently address the lived realities of NCDIs among the poorest billion.

He continued by discussing the intersecting dimensions of the 23-member global Commission and the 11 National NCDI Poverty Commissions/Groups. Dr. Bukhman then talked about the alignment between the Commission’s priority-setting framework based on “priority to the worst-off, cost-effectiveness, and financial risk protection,” and the World Bank’s programs and mission aimed at ending extreme poverty and boosting shared prosperity. The section was concluded by revisiting opportunities for continued collaboration.

III. Using Global Burden of Disease 2015 Data for National NCDI Poverty Analysis
Matthew Coates, Research Associate, Program in Global NCDs and Social Change, Harvard Medical School
Matthew Coates, previously of the Institute of Health Metrics and Evaluation, reviewed GBD’s methods and principles for using primary data and comprehensive global estimates to measure disease burden:

- Comprehensive estimation
- Internally consistent results
- Incorporation and communication of uncertainty in metrics
- Continuous updates and improvements of data

Coates then used Ethiopian GBD data to demonstrate GBD’s data comparison and visualization tools. He concluded by demonstrating how GBD data can be combined with data on multi-dimensional poverty to estimate the burden of NCDs and injuries for the poorest billion at global, national, and sub-national levels.

IV. Working with GBD Data for National Analysis – Preliminary Experience from Nepal

Dr. Biraj Karmacharya, Chief, Department of Community Programs, Dhulikel Hospital, and Coordinator, Nepal NCDI Poverty Commission

Biraj Karmacharya presented on his experience using GBD data for country-level analysis in Nepal. He noted the value of GBD data for analyzing the distribution of poverty and burden of disease within countries and for comparison across countries.

V. Discussion – Sharing Experience, Insights, Questions, Concerns, and Opportunities for Ongoing Exchange and Collaboration

Collaboration between World Bank & Commissions - Data Collection & Definition of Poverty

Gene Bukhman and Kathleen Beegle, Program Leader for Ghana, Liberia and Sierra Leone at The World Bank, discussed a potential collaboration with the World Bank’s Poverty Global Practice and both the global Lancet NCDI Poverty Commission and National NCDI Poverty Commissions/Groups.

Beegle suggested areas where the World Bank could offer additional support, including an existing database that captures data for small-area poverty and groups analyzing financial risk protection in Africa. Additionally, the World Bank team has the capacity to explore country-level work that could provide additional data sets, surveys and censuses etc.

Concerns Regarding GBD Data

GNV Ramana, Program Leader at The World Bank, identified some additional data sources to use in Kenya. He also expressed some concerns regarding the credibility of the burden of disease data and how to measure interventions moving forward. Neil Gupta then invited the Boston team to respond and explain in greater detail the reasoning for using the burden of disease data.

Gene Bukhman, Kafui Adjaye-Gbewonyo (Harvard Medical School Research Fellow) and Matt Coates explained that while it is good to be aware of the limitations of any data set being used, currently GBD represents the most comprehensive available review and compilation of global epidemiological data and literature. Therefore, GBD can present a more accurate prediction within the poorest countries where data is less available. They explained that additional national and sub-national data can be used to validate and adjust estimated based on GBD data, while using the input metadata to understand what went into those GBD estimates. NCDI Poverty Commission and World Bank participants agreed that one key contribution the Commission can make is to recommend inclusion of NCDI health indicators within standardized population surveys (DHS, MICS) and socio-economic information in health and household surveys in the future.

Additional Data Sources & Limitations

Additional suggestions of potential data sets to utilize in Tanzania and Ethiopia were offered by Julie Makani, a member of the global Lancet Commission and co-chair of the Tanzania National NCDI Poverty Commission;
Gayle Martin, Senior Economist from The World Bank; and Mieraf Taddesse from the University of Bergen and the Ethiopia NCDI Poverty Commission. Specifically, Makani mentioned potential for using data from a population level HIV survey and World Bank-supported poverty research that collected both health and socioeconomic indicators for very poor households. Taddesse echoed concerns raised by GNV Ramana regarding the reliability of the modeled data from GBD and suggested that Commissions dig into other sources of data.

Gene Bukhman advised participants to remember that all data sets suffer from limitations, so the more data sets we can find, the stronger global understanding we can have. Biraj Karmacharya and Ana Mocumbi, global Lancet Commission Co-Chair, stated that the Commission provides us with an opportunity to advocate for more systematic data collection, particularly through health facilities. Ana explained the need to explore ways to facilitate large, population-based surveys and to invest in registries at both peripheral and referral health facilities. Finally, Karmacharya commented that there are numerous studies within different parts of the countries in which we are working, so it could be beneficial to combine these studies to form larger data sets.

**Timeline & National Focus**

Mary Nyamongo, Executive Director and Co-founder of The African Institute for Health and Development and Co-Chair of the Kenya NCDI Poverty Group, expressed concerns about whether the deliverables for the National NCDI Poverty Commissions/Groups are realistic given the short timeline, with a March 2017 target for completion. The group gathered in Kabul, Afghanistan, voiced a similar concern and suggested that one option, given that they are in the process of forming a national commission, would be to narrow the scope of their work to focus mainly on injuries. Bukhman and Gupta explained that the March 2017 target is based on the timeline for preparing the global Lancet Commission report, but that National Commission/Group work can continue beyond that date with the goal of producing separate national NCDI Poverty reports and papers that will contribute to NCDI policies and planning in their countries. National reports and papers will be published in conjunction with or after the planned launch of the global report in November 2017. The Global Commission team will support each National Commission/Group to determine a timeline that meets each country’s national goals.

**VI. Closing remarks**

Patrick Osewe thanked all of the National Commission/Group participants for their engagement in the Knowledge Exchange. He pointed out that participants had identified numerous exciting opportunities for collaboration with World Bank offices and groups within the Bank. He urged NCDI Poverty Commissions/Groups and World Bank offices to work together to improve data sources and quality and develop “metrics of measurement” to gauge the impact of investments and interventions.

Miriam Schneidman will assist National Commissions/Groups in connecting and partnering with local World Bank country offices. Schneidman and Bukhman thanked all of the participants and expressed excitement about the potential for collaboration and partnership moving forward, including the next Knowledge Exchange scheduled to take place in December.
<table>
<thead>
<tr>
<th>Country</th>
<th>NCDI Poverty National Commission/Group Participants</th>
<th>World Bank Participants</th>
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<tbody>
<tr>
<td>Afghanistan</td>
<td><strong>H.E. Dr. Ahmad Jan</strong>, Technical Deputy Minister of Ministry of Public Health&lt;br&gt;<strong>Dr. Farhard Farewar</strong>, Director Health Care Financing Unit&lt;br&gt;<strong>Dr. Habib Ahmadzai</strong>, Operations Officer, HNP Team, Kabul&lt;br&gt;<strong>Dr. Noorzai</strong>, Adviser to Technical Deputy Minister</td>
<td><strong>Habibullah Ahmadzai</strong>, Operations Officer&lt;br&gt;<strong>Sayed Ghulam</strong>, Senior Health Specialist</td>
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<tr>
<td>Ethiopia</td>
<td><strong>Mieraf Taddesse</strong>, University of Bergen</td>
<td><strong>Anne Bakilana</strong>, Senior Health Economist</td>
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<tr>
<td>Haiti</td>
<td><strong>Ryan McBain</strong>, Director of Economic Evaluation, Partners In Health&lt;br&gt;<strong>Gene Kwan</strong>, Policy Advisor, Noncommunicable Diseases, Partners In Health</td>
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<td>India</td>
<td><strong>Yogesh Jain</strong>, Global Commissioner, Director &amp; Founder Jan Swasthya Sahyog (JSS)</td>
<td><strong>Sheena Chhabra</strong>, Senior Health Specialist&lt;br&gt;<strong>Suresh Kunhi</strong>, Mohammed, Senior Health Specialist&lt;br&gt;<strong>Gururaj Gopalakrishnan</strong>, Consultant</td>
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<td>Kenya</td>
<td><strong>Mary Amuyunzu-Nyamongo</strong>, Executive Director &amp; Co-founder African Institute for Health &amp; Development</td>
<td><strong>GNV Ramana</strong>, Program Leader</td>
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<td>Liberia</td>
<td><strong>Fred Amegashie</strong>, Ministry of Health, Liberia&lt;br&gt;<strong>Cate Oswald</strong>, Policy &amp; Partnerships Director, Partners In Health Liberia</td>
<td><strong>Kathleen Beegle</strong>, Program Leader&lt;br&gt;<strong>Shunsuke Mabuchi</strong>, Senior Health Specialist</td>
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<td>Malawi</td>
<td><strong>Beth Dunbar</strong>, Director of Monitoring &amp; Evaluation, Partners In Health Malawi&lt;br&gt;<strong>Elissa Holmes</strong>, Grant Officer, Partners In Health&lt;br&gt;<strong>Noel Kasomekera</strong>, Technical Advisor, Partners In Health Malawi&lt;br&gt;<strong>Kate Cundale</strong>, Research Fellow, Partners In Health Malawi</td>
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<td>Mozambique</td>
<td><strong>Ana Mocumbi</strong>, Lancet NCDI Poverty Commission Co-Chair, Head of NCD Division, National Public Health Institute; Professor, Universidade Eduardo Mondlane&lt;br&gt;<strong>Humberto Munquingue</strong>, Univeridade Eduardo Mondlane&lt;br&gt;<strong>Edith Thuzine</strong>, NCD National Program Director, Ministry of Health</td>
<td><strong>Humberto Cossa</strong>, Senior Health Specialist</td>
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<td>Matchecane Cossa, Survey National Program Director, Ministry of Health</td>
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| **Nepal** | **Bhagawan Koirala**, Professor & Chief Cardiac Surgeon, Tribhuvan University  
**Biraj Karmacharya**, Chief, Department of Community Programs Dhulikhel  
**Bhaskar Raj Pant**, Assistant Director, Joint Medicine Replacement & Sports Medicine, Consultant, Orthopedic Surgeon, Grande International Hospital  
**Abha Shrestha**, Registrat, Dept of Community Health programs, Kathmandu University Hospital  
**Dan Schwarz**, Possible Health  
**Archana Shrestha**, Post-Doctoral Fellow Harvard School Public Health  
**Anatnt Rau**, Electronic Health Data Expert, Possible Health  
**Anjani Kumar Jha**, Consultant & Head of Department of Radiation Oncology, BP Koirala Memorial Cancer Hospital  
**Dinesh Neupane**, Public Health Expert  
**Sanjib Sharma**, Professor of Medicine, BP Koirala Memorial Cancer Hospital  
**Dipendra Raman Singh**, Ministry of Health  
| **Kari. L. Hurt**, Senior Economist  
**Manav Bhattarai**, Senior Health Specialist |
| **Rwanda** | **Marie Aimee Muhimpundu**, Rwanda Biomedical Centre  
**Paolo Reggio d’Aci**, Rwanda Biomedical Centre  
| **Miriam Schneidman**, Lead Health Specialist |
| **Tanzania** | **Julie Makani**, Global Commissioner, Associate Professor Muhimbili University of Health and Allied Sciences  
**Ayoub Magimba**, Assistant Director NCD, Mental health & Substance Abuse Section, MOH Tanzania  
| **Gayle Martin**, Program Leader |
| **Other participants – Global Lancet NCDI Poverty Commission and World Bank Headquarters** | **Gene Bukhman**, Lancet NCDI Poverty Commission Co-Chair; Director, Program in Global NCDs and Social Change, Harvard Medical School (HMS), Director; NCD Synergies, PIH  
**Neil Gupta**, Clinical Director, NCD Synergies, PIH  
**Matt Coates**, Research Fellow, Harvard Medical School  
**Kafui Adjaye-Gbewonyo**, Research Fellow, Program in Global NCDs and Social Change, HMS  
**Andrew Marx**, Program Manager, Program in Global NCDs and Social Change, HMS  
**Claire McDonell**, Staff Assistant, Program in Global NCDs and Social Change, HMS  
**Wendy Bennett**, Senior Advisor, NCD Synergies, PIH  
**Maia Olsen**, Program Manager, NCD Synergies, PIH  
| **Pia Schneider**, Lead Economist  
**Karina Saleh**, Senior Health Economist  
**Yvette Atkins**, Senior Program Assistant |
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<tr>
<td><strong>Chris Noble</strong>, <em>Program Coordinator, NCD</em> Synergies, PIH</td>
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<tr>
<td><strong>Amy McLaughlin</strong>, <em>Program Coordinator, NCD</em> Synergies, PIH</td>
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<td><strong>Jennifer Sargent</strong>, <em>The Lancet</em></td>
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