Overview: The second World Bank-hosted Knowledge Exchange brought representatives of 10 National NCDI Poverty Commissions/Groups together with World Bank subject experts from both country offices and headquarters. Fifty participants, including 30 members of NCDI Poverty Commission/Groups, convened both in person and via video conference to discuss strategies for priority-setting and baseline coverage of interventions for NCDs and injuries among the poorest billion.

In five countries – Malawi, Mozambique, Nepal, Rwanda, and Tanzania – National NCDI Poverty Commission/Group 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, Haiti, India, Kenya, Norway, Malawi, the United Kingdom, and the United States.

The third Knowledge Exchange event is scheduled to take place Wednesday, January 18 from 7:30am-9:30am EST, with a focus on financing NCD and injury interventions for the poorest billion.

Knowledge Exchange #2 Agenda:

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator or speaker</th>
</tr>
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<tbody>
<tr>
<td>7:30 – 7:40</td>
<td>Welcome and introduction to Knowledge Exchange</td>
<td>Neil Gupta, Miriam Schneidman</td>
</tr>
<tr>
<td>7:40 – 7:50</td>
<td>Priority-setting for NCD and injury interventions among the poorest billion</td>
<td>Ole Norheim, Lancet NCDI Poverty Commission</td>
</tr>
<tr>
<td>7:50 – 8:00</td>
<td>Priority-setting in the context of universal health coverage</td>
<td>Daniel Cotlear, Lead Economist, Universal Health Coverage Studies Series, World Bank</td>
</tr>
<tr>
<td>8:00 – 8:10</td>
<td>Data sources for evaluating baseline coverage of NCDI interventions</td>
<td>Hannah Leslie, Harvard TH Chan School of Public Health</td>
</tr>
<tr>
<td>8:10 – 8:20</td>
<td>Priority-setting and coverage assessment for NCDI interventions: Preliminary experience at the national level</td>
<td>Gene Kwan, Haiti NCDI Poverty Commission, Biraj Karmacharya, Nepal NCDI Poverty Commission</td>
</tr>
<tr>
<td>8:20 – 8:50</td>
<td>Discussion – Sharing experience, insights, questions, concerns, and opportunities for ongoing exchange and collaboration</td>
<td>National NCDI Poverty Commissions/Groups and World Bank staff</td>
</tr>
<tr>
<td>8:50 – 9:00</td>
<td>Closing remarks and introduction of financing and fiscal space analysis as focus of January Knowledge</td>
<td>Gene Bukhman, Lancet NCDI Poverty Commission</td>
</tr>
</tbody>
</table>
Summary notes:

I. Welcome and Introduction
Dr. Neil Gupta, Clinical Director, NCD Synergies, Partners In Health
Miriam Schneidman, Lead Health Specialist, World Bank

Moderators Neil Gupta and Miriam Schneidman opened the Exchange by welcoming NCDI Poverty Commission and World Bank attendees and facilitating introductions. Neil and Miriam continued by revisiting the first Knowledge Exchange held in November 2016 and reviewing agenda and objectives for the second Exchange:

- Introduce strategies for policy and intervention priority setting
- Discuss tools for examining baseline coverage data

Miriam concluded by thanking all of the attendees and presenting speaker Dr. Ole Norheim.

II. Priority-setting for NCD and injury interventions among the poorest billion
Dr. Ole Norheim, Lancet NCDI Poverty Commissioner; Professor of Medical Ethics, University of Bergen, Norway

Dr. Norheim began by presenting on strategies for priority-setting to strengthen and integrate NCD and injury services for the poor. Citing his work with the Ethiopia National Commission as an example, Ole presented a priority-setting framework based on three criteria:

1. Cost-effectiveness;
2. Priority to the worst off -- both in terms of poverty and of severity of disease; and
3. Financial risk protection.

Dr. Norheim explained that priority-setting necessarily begins with cost effectiveness, drawing on analysis of intervention packages in Disease Control Priorities 3, but that both prioritization to the worst-off and financial risk protection also need to be taken into account when determining NCD priorities. Dr. Norheim proposed focusing on diseases that cause mortality and disability for persons at younger ages as a way to prioritize severe disease. He also argued that financial risk protection is crucial, as it is known that out-of-pocket payment for health services often pushes people into poverty. By taking priority to the worst off and financial risk protection into account, National Commissions/Groups can give priority to intervention packages that are less cost effective but are essential to protect vulnerable people. He concluded by discussing how this priority-setting approach can be used to map interventions nationally and differentiate what services should be made available at the different levels of the health system.

III. Priority-setting in the context of universal health coverage
Dr. Daniel Cotlear, Lead Economist, Universal Health Coverage Studies Series, World Bank
David Cotlear reviewed paths countries have used to advance universal health coverage (UHC) and reduce user fees to reveal how priorities are made in practice. He explained that almost all African countries are committed to achieving UHC and reducing or eliminating user fees. There is a strong general consensus for providing universal access, with no user fees, for basic health packages that cover immunizations, treatment for HIV, TB, and malaria, and maternal and child primary health care. But very few countries have included treatment for NCDs in basic packages or have prioritized reducing or eliminating user fees for NCD care.

Cotlear concluded by recommending that the national commissions develop the evidence base, tools and skills to introduce prioritizing NCDs and injuries of the poor into national planning and implementation for expansion of basic packages, reduction of user fees, and health system decentralization.

Discussion:

Gayle Martin from the World Bank office in Tanzania commented that there are often gaps between policies and implementation in eliminating user fees, citing the example of maternal and child primary health services in many countries.

Cotlear responded by explaining that this is a challenge in the countries that have been surveyed. Theoretically, maternal and child health should be included within the basic package, but the implementation of the basic package may indicate different practice. However, Cotlear argued that this could be corrected by targeting health financing in a specific way to encompass maternal and child health.

Lancet Commission Co-Chair Gene Bukhman asked whether this data analysis tracks what services have user fees in general. Cotlear explained that his presentation was a broad overview of the current situation, and his team is currently exploring sub-population health packages. Marie Aimee Muhimpundu from the Rwanda NCDI Poverty Group asked if the presentation included data from countries that have covered NCDs in their basic health care packages. Cotlear responded that the research was trying to understand who the primary care providers were and what the population coverage was. For diabetes and other chronic diseases, this information is not yet organized in an ideal way for disease management, but instead accommodates a provision of services.

IV. Data sources for evaluating baseline coverage of NCDI interventions

Dr. Hannah Leslie, Postdoctoral Fellow, Harvard TH Chan School of Public Health

Hannah Leslie, who works with Lancet NCDI Poverty Commissioner Margaret Kruk, presented on key data sources for mapping NCD intervention coverage. She discussed the data available through USAID’s Service Provision Assessment (SPA), WHO’s Service Availability Readiness Assessment (SARA) and the World Bank’s Service Delivery Indicators (SDI), all of which are often underutilized. Leslie explained that
while each of the surveys has significant gaps pertaining to NCD data, they can be used to map coverage for some essential NCD services, as well as to identify the gaps in both coverage and data availability that persist in each country.

Most of the NCDI Poverty commission countries have had recent SPA surveys, which have included relevant NCD data since 2012. Datasets are available online or can be found by contacting the in-country partner who facilitated the collection.

V. Priority-setting and coverage assessment for NCDI interventions: Preliminary experience at the national level

Haiti NCDI Poverty Commission
Dr. Gene Kwan, Co-Chair, Haiti NCDI Poverty Commission; Advisor for Noncommunicable Diseases, Partners In Health

Dr. Kwan demonstrated how data from Haiti’s SPA survey could be used to map where NCD services are available and unavailable, both geographically and at what levels of the health system. Next, he showed how this data could be combined with burden of disease analysis for the poorest billion that has been completed by Matthew Coates, Research Associate at Harvard Medical School, to show how service availability overlaps with areas with large concentrations of people living in extreme poverty. Overlaying service availability over a map with shaded to indicate where the poorest billion populations live provides a more accurate interpretation of which services are available to the worst off communities and where there are gaps in service provision.

Nepal NCDI Poverty National Commission
Dr. Bhagawan Koirala, Co-chair Nepal NCDI Poverty Commission, Professor and Chief Cardiac Surgeon Tribhuvan University.

Dr. Koirala described two important innovations for delivering NCDI services to the poor that Nepal has already implemented, for which the National Commission is now conducting cost analysis and impact assessment:

- A national program that guarantees cardiac surgery, free of charge, for all children with congenital and rheumatic heart disease; and
- A national initiative providing all patients below the poverty line with government subsidized medical support for 9 major NCDs.

Data collection is currently ongoing, therefore the team from Nepal will present these projects again when the data and research has been furthered.

VI. Closing remarks
Due to time restrictions, the Knowledge Exchange ended promptly following Dr. Koirala’s presentation. Dr. Bukhman made brief closing remarks encouraging the discussion to continue, and announcing the next Knowledge Exchange to be held on January 18th, 2017.
### VII. Attendance

<table>
<thead>
<tr>
<th>Country</th>
<th>Attendees</th>
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| Afghanistan | **André Medici**, Senior Health Economist, World Bank  
Afghanistan |                                                                                           |  
| Ethiopia    | **Abebaw Fekadu**, Associate Professor of Psychiatry, Addis Ababa University  
Ethiopia |                                                                                           |  
| Haiti       | **Gene Kwan**, Policy Advisor, Noncommunicable Diseases, Partners In Health (PIH)  
Densa Belony, Research Assistant, PIH  
Philip Cleophat, Chief of Internal Medicine, University Hospital of Mirebalais  
Haiti |                                                                                           |  
| India       | **Suresh Kunhi Mohammed**, Senior Health Specialist, World Bank  
India |                                                                                           |  
| Kenya       | **Cyprian Kama**, Head of Health Services, Christian Health Association of Kenya  
David Makumi, Chairman, Kenya Network of Cancer Organizations  
Emma Wanyonyi, Chief Executive Officer, International Institute for Legislative Affairs  
Kenya |                                                                                           |  
| Malawi      | **Noel Kasomekera**, Technical Advisor, NCD Synergies, PIH  
Mia Crampin, Associate Professor, Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine  
Colin Pfaff, Dignitas International  
Katie Cundale, Research Fellow, PIH  
Malawi |                                                                                           |  
| Mozambique  | **Humberto Munquinge**, Universidade Eduardo Mondlane  
Humberto Cossa, Senior Health Specialist, World Bank  
Miriam Schneidman, Lead Health Specialist, World Bank  
Mozambique |                                                                                           |  
| Nepal       | **Bhagawan Koirala**, Professor & Chief Cardiac Surgeon, Tribhuvan University  
Biraj Karmacharya, Chief, Department of Community Programs, Dhulikhel Hospital  
Arjun Karki, Pulmonary/Critical Care, Grande International Hospital  
Shiva Raj Adhikari, Associate Professor of Health Economics, Tribhuvan University  
Anjani Kumar Jha, Consultant & Head of Department of Radiation Oncology, BP Koirala Memorial Cancer Hospital  
SP Kalaunee, Director of Governance & Partnerships, Possible Health  
Abha Shrestha, Research Fellow, Kathmandu University Hospital  
Jaya Kayastha, World Bank  
Dinesh Neupane, Commissioner, Nepal NCDI Poverty Commission  
Dan Schwarz, Chief Medical Officer, Possible Health  
Manav Bhattarai, Senior Health Specialist, World Bank  
Nepal |                                                                                           |  
| Rwanda      | **Neil Gupta**, Clinical Director, NCD Synergies, PIH  
Paolo Reggio d’Aci, Rwanda Biomedical Centre; Technical Advisor, NCD Synergies, PIH  
Crispin Gishoma, Director, Rwanda Diabetes Association  
Rwanda |                                                                                           |
<table>
<thead>
<tr>
<th><strong>Paul Park</strong>, NCD Director, PIH, Rwanda</th>
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<tr>
<td><strong>Tanzania</strong></td>
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| **Julie Makani**, Lancet NCDI Poverty Commissioner; Associate Professor, Muhimbili University of Health and Allied Sciences  
**Mary Mayige**, Principal Research Scientist, National Institute of Medical Research  
**Gayle Martin**, Program Leader, World Bank |
| **Other participants – 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  
**Rachel Nugent**, Lancet NCDI Poverty Commissioner, Lancet NCDI Poverty Commission; Vice President, RTI  
**Alex Kintu**, Research Assistant, Program in Global NCDs and Social Change, HMS  
**Hannah Leslie**, Research Fellow, Harvard TH Chan School of Public Health  
**Zia Hyder**, Senior Nutrition Specialist, World Bank  
**Dan Cotlear**, Lead Economist, Universal Health Coverage Studies Series, World Bank  
**Karima Saleh**, Senior Health Economist, World Bank  
**Matt Coates**, Research Associate, 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  
**Amy McLaughlin**, Program Coordinator, NCD Synergies, PIH  
**Chris Noble**, Program Coordinator, NCD Synergies, PIH |
| **Jennifer Sargent**, Senior Editor, The Lancet, United Kingdom  
**Ole Norheim**, Lancet NCDI Poverty Commissioner; Professor of Medical Ethics, University of Bergen, Norway |