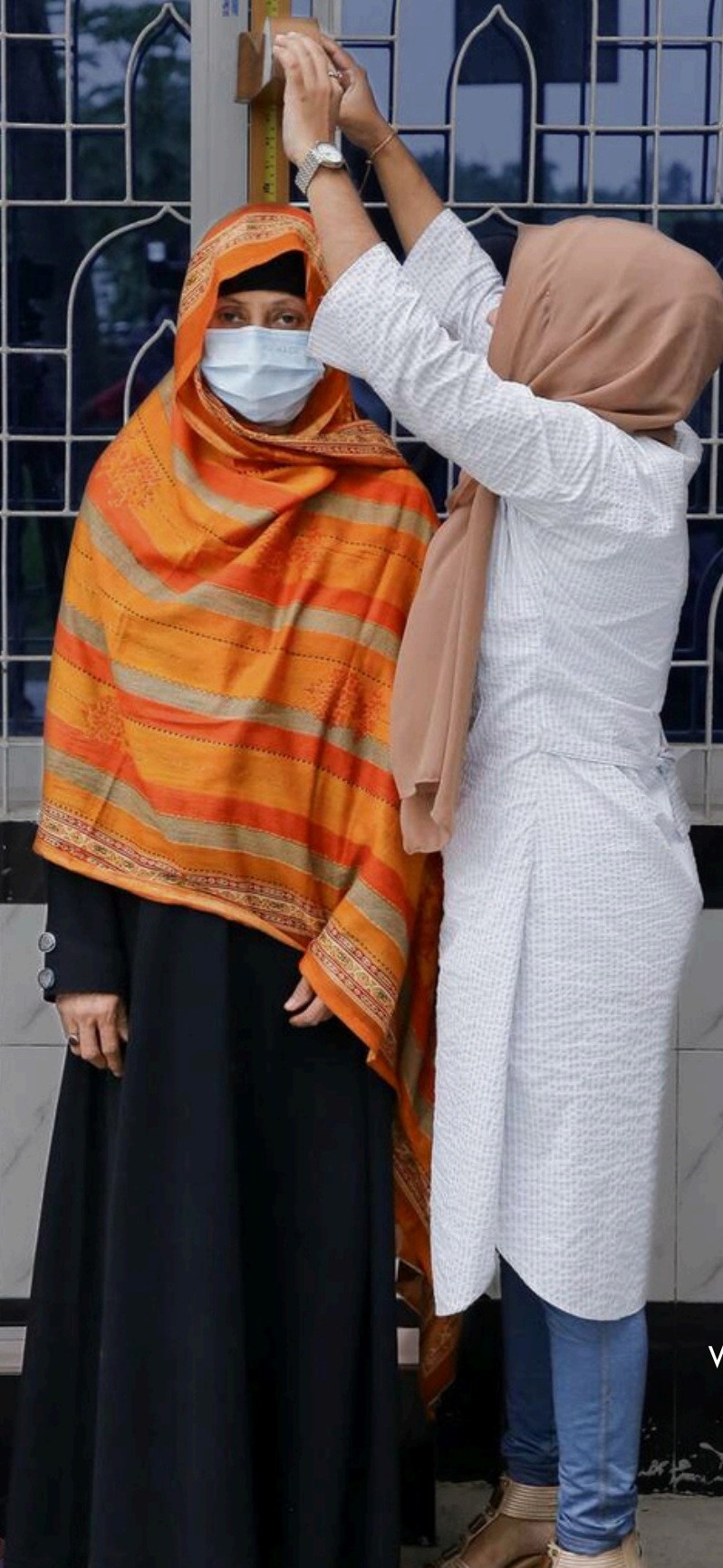


WDF Strategy 2025-2030 Scaling for impact



**WORLD DIABETES
FOUNDATION**

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The global challenge and impact of diabetes

Since its inception in 2002, the World Diabetes Foundation (WDF) has been committed to mitigating the effects of diabetes in low- and middle-income countries (LMICs). At a global level, it is estimated that 537 million adults have diabetes, with an overwhelming 81% of them residing in LMICs, and two thirds being undiagnosed [1]. This has dire consequences, as untreated diabetes leads to severe complications such as amputations, blindness, kidney disease, depression, and even premature death. Diabetes and related non-communicable diseases (NCDs) such as hypertension and cardiovascular diseases are leading causes of death and disability worldwide. While other NCDs show a decline in mortality rates, diabetes remains on an increasing trajectory, indicating that efforts to prevent and manage diabetes are insufficient.

A continuously growing and ageing world population, coupled with urbanisation, unhealthy diets, and sedentary lifestyles contribute to the rise in prevalence. Overweight, obesity and physical inactivity - all major risk factors for diabetes and related NCDs - are also on the increase [2], with the vast majority of overweight or obese children living in LMICs [3]. Obesity and diabetes may also lead to unhealthy pregnancies. Annually, diabetes in pregnancy affects 21 million women worldwide, with over 90% of cases in LMICs [4]. It is a risk factor for the women and for adverse birth outcomes, as well as for early onset of diabetes later in life in both mother and child [5], thereby fuelling the rise in diabetes prevalence.

Climate change impacts food systems and access to healthy and nutritious food. Furthermore, more people are displaced due to climate change or conflict, resulting in more people living in vulnerable situations and humanitarian settings. **The effects of these drivers of poor health outcomes are amplified in LMICs, where health systems are already stretched and under-resourced.**



WDF supported screening camp in Nyeri, Kenya, 2016.

Health systems in LMICs are often not geared towards addressing diabetes and related NCDs and face critical challenges in the provision of diagnosis and care. They struggle with the double burden of disease and numerous competing priorities while being severely constrained in terms of resources – human, financial, equipment, medicine, and supplies. Persistent inequity in access to and affordability of health services affects the poorest parts of the population the most, as they often experience lower quality care, greater distances to health facilities, and high out of pocket expenditures.

The inability to meet the needs of people at risk or of those living with diabetes and related NCDs has both high human and economic costs. The burden of diabetes and related NCDs contributes heavily to global premature mortality, morbidity and disability with approximately 15 million working-age people dying from NCDs every year. [6] 85% of these premature deaths occur in LMICs, even though up to 80% of NCDs could be prevented or delayed through affordable actions. [7] Besides the devastating human costs of diabetes and related NCDs, these diseases impose an increasing economic burden on health systems, households, and societies in LMICs. [8]

WHO has concluded that NCDs force millions of people into poverty annually, even though with an estimated investment of USD 0.84 in prevention and care, per person per year, 7 million lives could be saved and USD 230 billion in economic benefits could be gained. [9] The economic benefits of focusing on the prevention of diabetes and obesity have long been demonstrated, yet it remains difficult to convince policy, and decision makers, who often face relatively short-term political mandates, to prioritise the less visible, more complex and longer horizon prevention of NCDs over the shorter horizon - albeit more costly - curative care.

Prevention and control of diabetes and related NCDs have become pressing global health challenges and in the past decade the global response to NCDs has gained momentum. A series of global political commitments has been agreed [10]: The Sustainable Development Goals (SDGs) include NCDs in target **SDG 3.4: To reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.**

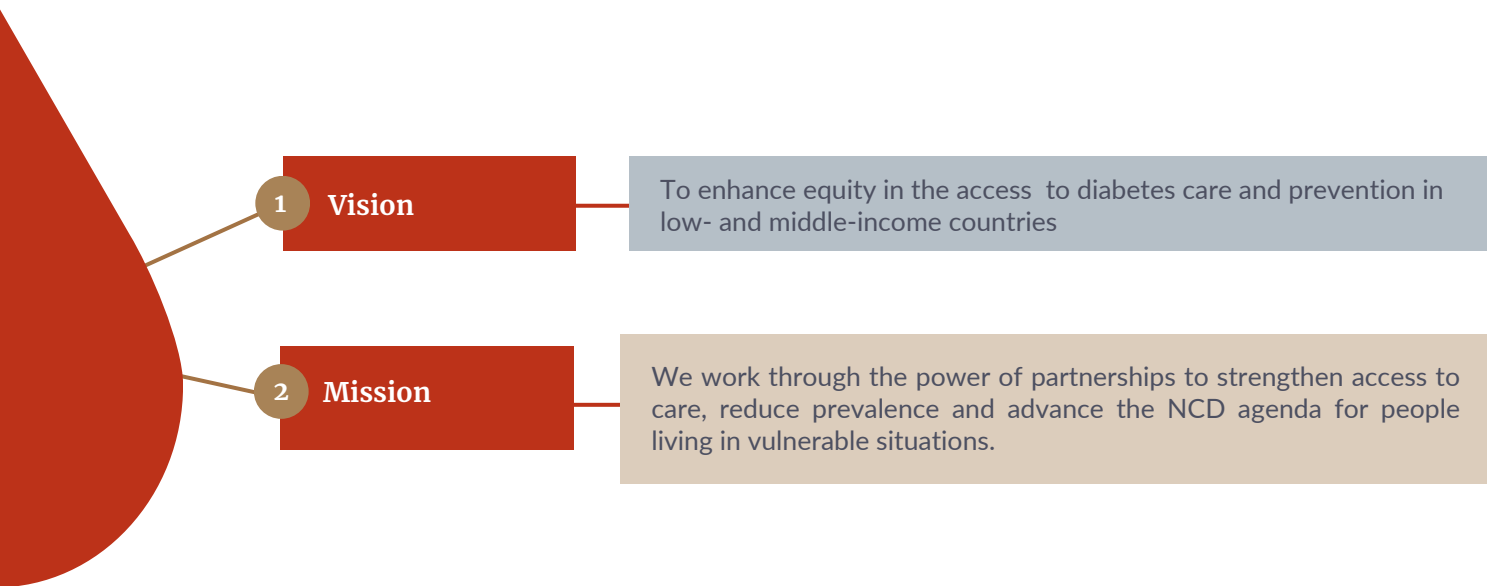
In addition, the WHO Global Diabetes Compact 2021 and the 2022 World Health Assembly global treatment coverage targets for diabetes are important milestones. [11]

Nevertheless, current funding for NCDs remains insufficient to reach these targets and NCD responses remain severely under-resourced, especially in LMICs. Achieving SDG target 3.4 worldwide would require USD 140 billion in new spending over 2023–30, an average of USD 18 billion annually, but 39 million deaths could be averted over this period and USD 2.7 trillion in net economic benefits could be generated, with benefits outweighing costs nineteen-to-one. [12]



WDF programme with city health authorities, in Iztapalapa, Mexico, 2017.

World Diabetes Foundation – Vision and Mission



For the past two decades, WDF has supported partners in building more resilient health systems to address the burden of diabetes and related NCDs by fostering more than 600 impactful partnership projects, improving access to preventive measures and care for people living with diabetes and related NCDs across 120 countries.

Our partners have piloted and tested a wealth of models, interventions and approaches, and in some countries these models have been scaled to national NCD response programmes. Through this work and through our engagement with key opinion leaders at local, regional and global level, we have contributed to the development of best practices and innovative approaches, which are ready for scale.

WDF's operations have furthermore provided us with a unique network of partners, which includes multisector partnerships, alliances and collaborations that we can leverage for sharing of knowledge, cross border collaboration and scaled up interventions. WDF has the ability and readiness to act and function as a facilitator by gathering stakeholders, providing catalytic funding, enabling and nurturing a strong project pipeline, providing technical and partner-to-partner support, and share learnings to enhance the quality of project interventions.

Time to scale

This strategy builds on WDF's solid foundation with more than 20 years of experience, but as global funding falls short of the required mark, WDF will strive to accelerate and scale-up our efforts by identifying and leveraging key enablers, partners and opportunities for scale. In an everchanging environment, it is key for WDF to maintain our ability to be agile and opportunistic in our mode of operation. This enables us to be relevant, responsive and at the forefront, pushing agendas and actively exploring and pursuing new promising opportunities to enhance our impact.

Partnerships for the future

We have seen a gradual recognition of the burden of NCDs and how they to an increasing extent are affecting LMICs. WDF has contributed to this global awareness through our advocacy efforts and engagement with international and multilateral organisations and other development partners. There is a drive towards Universal Health Coverage (UHC) [13], which cannot be realised without enhancing access to NCD care. When stakeholders come together, new alliances, new types of partnerships and co-funding opportunities arise, which can create synergies and enhanced impact of our work.

WDF is working through the power of partnerships – it is in our DNA. We support and collaborate with partners who can develop and drive sustainable solutions to deliver on global and national commitments to diabetes prevention and care. To this end, we believe in local leadership and ownership, with partners defining their pathways of change answering to the specific context and identified challenges in their respective geographical, societal, and economic settings.

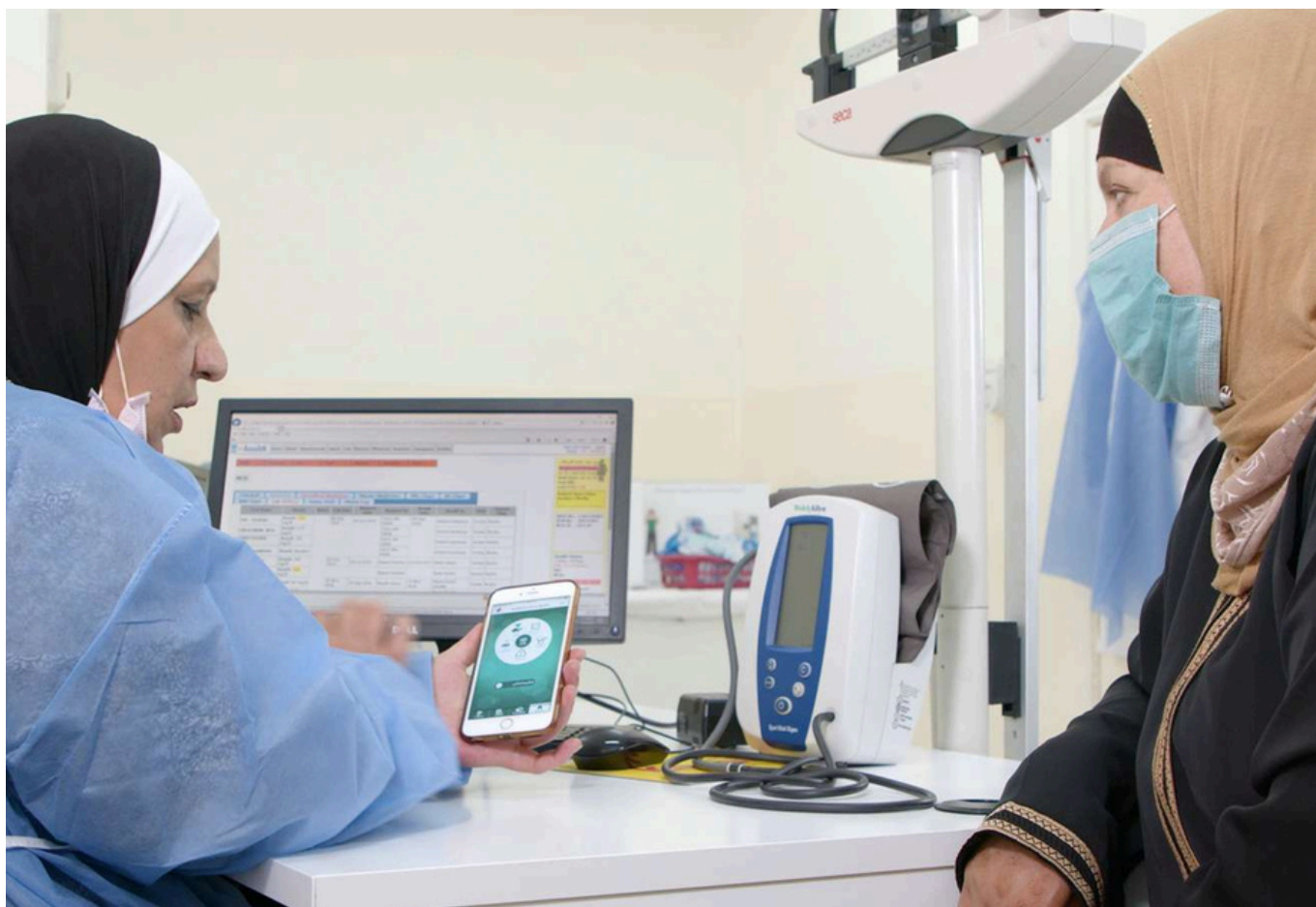
WDF seeks close engagement with our partners to provide guidance, strengthen capacity and reach, create networks and learnings amongst partners and within WDF.

It is embedded in our partnership approach to identify potential local partners and enhance local capacity, as well as the capability of partner institutions or organisations to lead and advocate for common agendas.

WDF will to an even greater extent use our partnership model to engage partners who can amplify our impact. For this strategy period, WDF will seek partnerships which can take interventions to scale both in terms of impact and financing. There is a changing stakeholder landscape with more development funding and impact investor interest and WDF will build on the trust gained through more than two decades to explore and seize opportunities in this environment.

Unlocking financing to address the rising burden

As the global attention to diabetes and related NCDs in LMICs is increasing, so is the appetite from philanthropic and corporate foundations and other funders to engage and support viable solutions aimed at strengthening access to care or preventive measures for people in LMICs. This gives opportunities for exploring blended and innovative financing structures and attracting social investment, which can supplement our funding. Attracting more financing is urgently needed and WDF will work through advocacy and new financing partnership opportunities to boost the resources available to address the burden of diabetes and related NCDs.



WDF supported UNRWA project, Jordan, 2020

Reaching more people through digital health transformation

The world is experiencing a digital health transformation linked to technology and innovation in the provision of health services. This provides vast opportunities for improving health outcomes at the individual level, but also improving data accessibility for policy, decision and planning purposes as well as increasing skills and capacity among the health work force and increasing access to information and guidance.

Digital solutions carry a lot of promise in terms of reaching more people, enhancing efficiencies and increasing impact. WDF firmly believes in this potential and has gained valuable insights into the development, deployment and support for digital health solutions. We will actively help identify solutions and support efforts to advance digital health transformation for the benefit of people at risk or living with diabetes and related NCDs.

Core beliefs

To guide the implementation of the WDF Strategy 2025-2030, we have formulated six core beliefs building on WDF's extensive experience in support of diabetes and related NCD response programmes and engagement in the global, regional and local health agendas. They indicate what we find crucial to focus on during this strategy period and they will be activated through our project interventions, advocacy and other engagements.

TO ADDRESS THE RISING BURDEN OF DIABETES AND RELATED NCDs IN LMICs, WE NEED TO SCALE UP OUR OPERATING MODEL AND FINANCING

We want to be a leading funder in addressing the rising burden of diabetes hitting people living in LMICs the hardest. WDF will refine our operating model and prioritise projects and partnerships with a potential to scale and for co-financing. We urgently need to scale up efforts and find synergies with partners who are equally eager to address the rising burden of diabetes and related NCDs in LMICs.

TO ENSURE SUSTAINABLE IMPACT, WE NEED LOCALLY ANCHORED AND CONTEXT SPECIFIC INTERVENTIONS AND PARTNERS

We want to be a relevant funder through addressing local needs and priorities. Our experience has shown us that sustainability and impact of locally anchored interventions can be scaled up through nurturing leadership and capacity of local partners. Interventions need to be partner driven and context specific yet building on international best practice.



Community volunteer follow up on screening of neighbour women in Kolonnawa, Sri Lanka, 2017.

**TO ENABLE BETTER HEALTH OUTCOMES, WE
NEED RESILIENT HEALTH SYSTEMS
EMPHASISING INTEGRATED AND PEOPLE-
CENTRED CARE, ESPECIALLY AT PRIMARY AND
COMMUNITY LEVELS**

Health system strengthening with focus on primary and community level is optimising the utilisation of scarce human and financial resources. To improve coverage of services and make efficient use of limited resources in LMICs, WHO recommends the integration of diagnosis, screening, treatment, and disease management within primary care settings [14]. We need to enhance access to diagnosis and care closer to communities. Thereby we can reach more patients before they need secondary or tertiary level care, which is more expensive and carry higher human costs.



Picture from UNWRA project, West Bank, Palestine, 2017.

Through strengthening the availability and quality of care closer to peoples' homes, we can reduce out-of-pocket and transport expenditure as these costs are often devastating for people living in poverty suffering from a chronic disease like diabetes. Integrated, people-centred care enables better health outcomes for people often facing multiple morbidities and people-centred care further means considering the care happening outside the clinic setting – families and self-care – as these elements are crucial for better health outcomes. Better health outcomes for people lead to enhanced impact of our projects.

**TO REACH MORE PEOPLE AND ENHANCE
EFFICIENCY OF HEALTH SERVICES, WE WILL
PURSUE DIGITAL HEALTH SOLUTIONS**

Digital health transformation has the potential to enable more equitable and efficient solutions in diabetes prevention, diagnosis and care in LMICs. Navigating the fast growing and often fragmented field of digital health solutions requires knowledge and technical expertise and prioritisation.

WDF will build on our experiences with digital health interventions and support solutions which are based on local needs and priorities, are relevant to the local contexts and where sustainability of solutions is carefully thought through. In this way we will further leverage digital health solutions in WDF's work to enhance efficiency and reach.

**TO ENHANCE THE EFFECT OF PREVENTIVE
MEASURES, WE TAKE A LIFE COURSE APPROACH
FOCUSING ON WINDOWS OF OPPORTUNITY
(CHILDHOOD, ADOLESCENCE, WOMEN'S
REPRODUCTIVE YEARS)**

Opportunities to prevent and control NCDs occur at multiple stages of life, yet interventions in pregnancy and in early life offer the best chance of success for primary prevention. Optimising nutrition early in life – including in the first 1,000 days from conception – ensures the best possible start in life, with long-term benefits [15]. WDF takes a life course approach targeting children and pregnant women. We believe that the developmental plasticity of both mothers and children is optimal as new mothers are inclined to embrace healthy lifestyle learning and living and the child is accommodating towards opportunities and expectations regarding food and exercise. The integration of maternal and childcare with NCD prevention represents a golden opportunity to provide preventive services for women and children visiting health facilities.

TO ENHANCE EQUITY IN ACCESS TO CARE AND PREVENTION, WE MUST CONSIDER PEOPLE LIVING IN VULNERABLE SITUATIONS AND GENDER DIMENSIONS

To enhance equity in access to care and prevention, we need to work towards UHC and keep focus on people living in vulnerable situations. We will emphasise equity in access to prevention and affordable care by strengthening care at primary and community care levels, particularly in underserved areas or amongst marginalised or vulnerable populations in LMICs. We draw specific attention to people with NCDs affected by humanitarian crises, such as refugees, children and youth living with T1D in LMICs and indigenous populations.

People in vulnerable situations or socially disadvantaged people are at higher risk of disease and die sooner than people of higher social positions because they are more exposed to risks and have limited access to good quality health services. [16] In addition, WDF recognises that equity in health cannot be achieved without addressing gender dimensions of diabetes and NCDs. We therefore employ a gender lens across our interventions, in which we pay special attention to potential gender disparities in diabetes prevention, diagnosis, care, and rehabilitation in a given setting.

Intervention areas

WDF's areas of intervention remain focused on Access to Care and Primary Prevention, supported by Advocacy. We have defined an aspiration for each area as they require different approaches, stakeholders and partnerships. With these aspirations we want to contribute to *SDG 3: to ensure healthy lives and promote well-being for all at all ages specifically target 3.4: By 2030, reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.*

Access to Care

WE ASPIRE TO ENHANCE THE REACH AND QUALITY OF CARE FOR PEOPLE LIVING WITH DIABETES AND RELATED NCDs THROUGH SUPPORTING SUSTAINABLE, RESILIENT AND EQUITABLE HEALTH SYSTEMS•

With this aspiration, we will focus on supporting sustainable, resilient, and equitable health systems, which deliver high-quality NCD services for the populations throughout the life course. Strengthening access to care and supporting partners in LMICs to develop and deploy models of care that address diabetes and related NCDs is the main intervention area for WDF.

Health system strengthening

WDF's support and guidance to partners take point of departure in the experience and learnings from our extensive access to care project portfolio and in WHO's framework for health system strengthening, which provides a comprehensive approach to enhance the resilience, effectiveness, and responsiveness of health systems. The framework includes six health system building blocks: governance, health service delivery, health workforce development, health information systems, access to essential medicines, and financing [17]. It aims at addressing systemic challenges and promotes equitable access to quality healthcare services. Moreover, the framework emphasises the interconnectedness and dynamics between the building blocks [18].

By taking point of departure in this approach, we want to support the development of a comprehensive and inclusive health system with a patient-centric focus. Our partners are not expected to deliver on all health system building blocks, but we urge partners to use this approach to identify systemic gaps and assess opportunities to make a positive change.

Models of Care

Effective care models can reduce the rising disease burden by improving access and quality of care, standardising guidelines for prevention and management, engaging communities and peers, improving the training of professionals and patients, and using technology in the management of the disease. WDF guides partners to use WHO's recommendations as formulated in the WHO package of essential noncommunicable (PEN) disease interventions for primary health care, focusing on integration of services at primary health care level to improve access to and coverage of relevant services [19], especially for people living in poverty and/ or vulnerable situations.

Multilevel approach

Improving equitable access to care for diabetes and related NCDs and improving patients' health outcomes, requires multi-level approaches addressing the individual, organisational and systemic levels.

We will support interventions aimed at improving health outcomes for patients at the individual level through awareness raising, screenings, and patient education with the purpose of empowering patients to self-manage their condition.

At the organisational level, it is key to improve access, delivery and quality of care at the health facility level through capacity building of health care professionals, and strengthening of clinics. We prefer strengthening the public health system at primary and community health level as this is often the first point of contact. This is the level where screening, prevention, diagnosis and first line of care should take place in order not to overburden the higher, more specialised levels. Studies have confirmed that health systems with strong primary health care at their core have lower health costs, better population health, higher patient satisfaction, fewer unnecessary hospital admissions, and greater socioeconomic equity [20].

Finally, we need to improve the policy environment and resource mobilisation at the systemic level to make sure efforts to strengthen NCD care are sustained.

Integrated, people-centred care

WDF takes integrated care seriously to enhance efficiency and optimise use of resources, but also because a person may present with multiple conditions at any given time and will require to be cared for as a person, not piece by piece. There is a need to break down the verticalized disease-specific silos at the primary care level. We support partners in providing a comprehensive suite of health services encompassing health promotion, disease prevention, diagnosis, treatment (incl. prevention and treatment of diabetes complications), disease management, and rehabilitation. We aim to promote integrated, people-centred care, putting the individual – not diseases – at

the centre, emphasising co-morbidities and responding to each person's unique needs over the life course.



Community health worker volunteering with Georgia Red Cross Society, 2023.

Digital transformation

Finally, we will make sure to leverage digital health solutions when relevant and on demand from local stakeholders to enhance efficiency and effectiveness of health services. Our experience has reaffirmed the importance of digital solutions as means to improve health systems, where a comprehensive package of solutions is needed to strengthen care pathways, manage patient cases, support referral mechanisms, and improve decision-making.

Primary prevention

WE ASPIRE TO COMBAT THE RISING PREVALENCE OF DIABETES AND RELATED NCDs THROUGH INCREASING OPPORTUNITIES FOR HEALTHY LIVING AND HEALTHY PREGNANCIES

We strive to increase the opportunities for healthy living and healthy pregnancies to reduce the burden of diabetes and related NCDs in LMICs. We focus on key windows of opportunities (during pregnancy and early childhood) and support efforts aimed at intervening at different levels (individual, organisational and systemic) concomitantly. We guide partners to follow a healthy setting approach [21] using schools and health facility settings as entry points.

Health promotion approach

We want to enhance the opportunities for children, pregnant women and their babies, especially among people living in poverty, to live a life free of diabetes and related NCDs.

We need to make it easier to make healthy choices through access to healthy food options, a conducive environment for physical activity and to have a healthy pregnancy. To achieve this, partners are encouraged to work at the individual level through empowering children, parents and pregnant women and enhancing their ability to make healthy choices. Furthermore, we need to address bottlenecks at the organisational level through improving access to healthy food options and physical activities.



A school girl tending to plants, Kenya.

Finally, we need to address the systemic level through strengthening the enabling policy environment and resources available for NCD prevention. This is a holistic health promotion approach, combining upstream interventions (policy and legislation) with downstream interventions addressing the individual and organisation levels. It is widely recognised that lifestyle interventions focusing solely on changing individual behaviours are unlikely to succeed if not coupled with upstream interventions [22].

Changes at the individual level hinge on systemic changes enabling access to healthy diets and facilitating access to physical activity taking cultural differences and sensitivities into consideration.

Healthy pregnancies

By supporting measures to prevent and treat Hyperglycaemia in Pregnancy (HIP), as part of a healthy pregnancy, we can reduce the risk of diabetes and related NCDs extending to next generations [23]. We will capitalise on WDF's two decades of targeted support to HIP prevention and care in multiple settings. At the individual level, we want to support women in having a healthy pregnancy through capacity building and health promotion activities increasing the demand for healthier products and physical activities.

We will encourage partners to strengthen screening, diagnosis and treatment of HIP (incl. post-partum follow up) and to improve women's ability to self-manage HIP. We want to support improved healthcare delivery for women with HIP, as part of promoting a healthy pregnancy. Women need access to culturally appropriate and socially accepted advice on healthy pregnancies and women need to have access to HIP screening and care at health facilities equipped with trained staff and necessary supplies and equipment.

Healthy childhood

Regarding primary prevention in school settings, we will leverage the learnings from WDF's portfolio of school health projects. At the individual level, we want to support partners aiming at improving health literacy skills for children through capacity building and health promotion activities increasing the demand for healthier products.

Besides education for children and teachers in healthy living, it is crucial to work with communities to change social norms around what might constitute barriers to healthy eating and physical activity. Social acceptance is key for any new behaviour to be accepted and ultimately adopted. Creating demand for healthy eating and physical activity is necessary but not sufficient if target groups cannot find opportunities in their close environments to practice the desired behaviours.

Systemic changes

Providing health-related information to citizens is essential but not enough to lead to behaviour change. Decision makers play a crucial role by adopting regulations such as sugar taxes or elimination of trans-fat from food, which have proven effective to promote access to healthy diets. In addition to building individual skills, improving access to healthy food options and physical activities partners need to focus on policy and regulatory actions that prevent and protect individuals from exposure to NCD risks. This is crucial in addressing health inequalities as the most vulnerable groups tend to be the least resilient to the detrimental influence of obesogenic environments.

Advocacy

WE ASPIRE TO ADVANCE DIABETES AND RELATED NCDs AS A GLOBAL HEALTH PRIORITY AND PROMOTE HEALTH EQUITY AT GLOBAL, REGIONAL AND LOCAL LEVELS

We seek to advance diabetes and related NCDs as a global health priority and promote health equity. In support of our two intervention areas (Access to Care and Primary Prevention), our advocacy efforts at global, regional and local level aim at raising awareness, setting the ambition, building coalitions, and establishing the commitment of all actors required to advance diabetes and related NCDs as a global health priority.

We will use the rich experience and solid learnings from WDF supported projects to showcase that viable and cost-efficient solutions to address the burden of diabetes and related NCDs are available.

We will advocate for collaboration around WDF's aspirations in access to care and primary prevention and embrace the suggested approaches by pushing for health system strengthening, integrated, people-centred care, strategic use of digital health solutions, life course approach and multilevel interventions.



Global high-level technical meeting on noncommunicable diseases in humanitarian settings, 2024.

Through strong partnerships with key stakeholders, we will elevate the importance of NCD prevention and control within global, regional, and national health and development agendas with a view to promote health equity. Through our and our partners' advocacy efforts, we want to stimulate more significant political and financial commitments towards tackling diabetes and related NCDs in LMICs contributing to instituting UHC.

In collaboration with our partners, we can leverage, create synergies and impact local, national, regional, and global alliances, networks, and other relevant forums to influence policy agendas and mobilise stakeholders. We partner with organisations pursuing the same agenda and we want to include the perspective of people with lived experience often channelled through civil society and patient associations.

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