

WHA75: The Future of NCD Action in the AFRO Region

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As representatives of member states (MS) from across WHO's six regions descended on Geneva for the [75th session of the World Health Assembly](#) [1] (WHA75), I sat in my living room at my computer, eagerly awaiting deliberations that could very well influence and transform the future of global health. For this year's assembly, I was tasked with monitoring commitments and statements around the growing burden of noncommunicable diseases (NCDs) as a global health issue.

Like many MS in other regions, the AFRO region sought an audience at WHA75 to express its commitments and ask for assistance in achieving its health goals. On the African continent, NCDs are increasingly becoming the main cause of mortality in the region, accounting for 41% of deaths in countries like Namibia and further straining healthcare infrastructure. With this in mind, going into WHA75, the sheer size and scope of [agenda item 14.1](#) [2] surrounding NCDs was welcomed, as it showcased the sustained prioritization of MS to combat the growing burden of NCDs. As preparations for WHO deliberations got underway, AFRO region participation was expected with MS seeking to refocus energy on NCD prevention and control.

Ghana and Norway: Invigorating NCD action

On the eve of WHA75, calls for action against NCDs were led by Ghana, alongside representatives from Norway and WHO. Together this joint coalition brought together national and international actors and partners to share knowledge and resources to support LMICs to achieve SDG 3 (i.e., SDG 3.4 and SDG 3.8 focusing on NCDs and UHC, respectively), while also raising the political visibility of heads of state in leadership around NCD prevention and control to a global level. [Ghana co-hosted the inaugural International Strategic Dialogue on NCDs in April](#) [3] with the aim of raising the priority of NCD prevention and control in LMICs. Before WHA75 deliberations began, the strategic dialogue was well-received as Ghana and Norway's leadership brought several achievements from the dialogue. Notably, the conclusion of talks saw [the establishment of a new heads of state/government group and a new global compact on NCD](#) [4] [5], with targets aimed at the reduction of premature mortality from NCDs alongside ensuring access to care for people living with NCDs and the integration of NCDs within primary health care (PHC) and UHC. In light of Ghana's leadership, promising commitments to NCD prevention and control continued into WHA75 discussions with ample

participation by the AFRO region.

Mental health takes center stage

Most prominent among NCD promises was the devotion of AFRO region MS like Senegal, Seychelles, Namibia, Sudan, and Mozambique towards the advancement and promotion of mental health services within the general population and for health care workers. Mozambique, for example, stated its commitment to prioritizing mental health, with a focus on the delivery of mental health care at the PHC level, alongside commitments to institute country-wide mental health prevention and management interventions for health care workers in conflict zones. MS commitment to mental health is applauded by the [NCD Alliance](#) [6] (NCDA) as it falls in line with the expansion of the global NCD agenda to include mental health.

Keeping step with global targets

In relation to other NCD-related commitments, AFRO region MS aligned themselves with other major WHO NCD targets. Senegal, Ethiopia, and Namibia focused on cervical cancer elimination as a public health threat with the implementation of the 90-70-90 targets, with an initial focus on HPV vaccination in Namibia and greater advancements on screening targets in Ethiopia and Senegal. In relation to the reduction of alcohol use, Namibia launched a comprehensive NCD action plan with an emphasis on the reduction of alcohol use. Some of the notable achievements include a 2016 amendment of its liquor act requiring licenses for alcohol sellers to stipulate certain distances from schools, hospitals, and orphanages, and the provision of rehabilitation services for alcohol and substance abuse, alongside commitments to implement the [WHO SAFER](#) [7] package. Namibia is followed by Togo which created a program to combat the use of psychoactive substances including alcohol. Tobacco control was also spotlighted in the NCD discussion, as both Tanzania and Botswana implemented national control policies around tobacco use in line with [WHO Framework Convention on Tobacco Control](#) [8] (WHO FCTC). Innovations in NCD service provisions were also highlighted as Sudan commented on its success in NCD management and data collection through the use of telemedicine.

NCDs and COVID-19 setbacks

Despite new commitments and progress on NCD targets by AFRO region MS, many noted the derailing impact of COVID-19 on the realization of the SDGs. In his plenary address, President Uhuru Kenyatta commented on the erosion of significant gains toward the realization of the SDGs as a result of the pandemic, noting the disruption of health service delivery due to COVID-19. This negatively impacted essential services and programs dedicated to maternal and child health, immunization, HIV, TB, malaria, and NCDs, amongst others. Health service disruptions are particularly concerning in the prevention and control of NCDs especially for realizing vital targets. For example, a concerning setback was highlighted by the delegate of Sudan who noted, in the wake of COVID-19 disruptions, the country's inability to achieve diabetes and cervical cancer targets.

With this in mind, many AFRO Region MS voiced the need for technical and financial support for NCD prevention and control. They also called for health technology transfer to support equitable access to NCD medicines, vaccines, and diagnostics that would allow them to achieve their national targets. Mauritius also advocated for the integration of NCDs in future emergency preparedness and response measures by WHO. Calls for greater support from the WHO to MS did not fall on deaf ears as a major achievement of WHA75 saw resounding support for WHO budgetary, programmatic, and financial reform alongside the increase of MS assessed contributions, which Senegal and other non-AFRO MS noted could provide the solution to the chronic underfunding of NCD initiatives.

While COVID-19 still presents a challenge for many AFRO MS and were a setback for the progression of national NCD targets, MS must recognize the need to build back better in the wake of COVID-19 deprivations as an opportunity to address protracted weakness in healthcare infrastructure and strengthen NCD action. Effective NCD policy development and integration into health preparedness mechanisms, sustainable NCD financing, and realizing a stronger and well-equipped WHO, as well as greater multisectoral collaboration and discussion are all vital to realizing NCD targets.

Next steps

With the conclusion of WHA75, NCD commitments and pledges must now transform into comprehensive national action by MS, with emphasis on revising and updating national NCD strategies. Within the AFRO region, new efforts and opportunities toward collaboration on NCDs have been on the rise, most notably [the African CDC's 2022-2026 NCDs, Injuries Prevention and Mental Health Promotion Strategy](#) [9] and Ghana and Norway's inaugural heads of state and government group meeting, which is set to take place in September. Both discuss NCD and mental health action, PHC integration, and service provision during times of emergency, while also offering participating states resources to help achieve national as well as regional targets. With these platforms and initiatives in place, we are hopeful that progress can be made, and we urge African MS to begin taking the necessary steps to achieve national NCD targets. The time for NCD action is now.

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[9] <https://africacdc.org/news-item/africa-cdc-hosted-the-member-states-and-stakeholders-workshop-to-validate-and-launch-the-africa-cdc-non-communicable-diseases-injuries-prevention-and-control-and-mental-health-promotion-strategy-20/>

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