

The Naivasha Call for Action on Noncommunicable Diseases

August 2011

We, the participants of the First National Forum on Noncommunicable Diseases (NCDs) appreciate the role of the Government in focusing attention on these conditions and note with concern that:

1. Noncommunicable diseases are a major public health concern in the country
2. Noncommunicable diseases cause over 50% of all hospital deaths and hospital admissions
3. By 2030, noncommunicable diseases will contribute to over 60% of the total national mortality
4. The leading causes of deaths due to noncommunicable diseases include cardiovascular diseases (13%), cancers (7%) and diabetes (4%)
5. Mental, neurological and blood disorders, oral diseases, as well as violence and injuries, are important noncommunicable conditions that pose significant public health challenges
6. These diseases share four key preventable risk factors namely tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. Other risk factors in our country include infectious agents, indoor pollution and nutritional deficiencies
7. Communicable diseases remain uncontrolled, and together with noncommunicable diseases have resulted in a double burden of disease, which imposes a strain on our health care system
8. Noncommunicable diseases lead to continued expenditures that trap poor households in cycles of debt and illness, perpetuating health, social and economic inequalities and many of the affected are people in their productive years
9. Noncommunicable diseases prevention and control programmes have remained a low priority and are not directly included in the Millennium Development Goals (MDGs). As a developmental and societal issue, these diseases deserve a higher priority within official development assistance
10. Underlying determinants of noncommunicable diseases often lie outside the health sector while national policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases

We acknowledge that:

11. Kenya has signed and ratified the World Health Organization (WHO) Framework Convention on Tobacco Control and thereafter implemented a comprehensive tobacco control legislation
12. Provisions of the Constitution position health as a right, which requires that citizens have access to the highest quality of care
13. National diabetes and cancer strategies have been developed
14. Noncommunicable diseases are now receiving attention in both planning and budgeting processes in the Ministries of Health
15. Noncommunicable diseases are a key component of the Second Health Policy Framework (2011-2030)

16. NCDs are largely preventable through effective and feasible public health interventions that tackle the major modifiable risk factors - tobacco use, improper diet, physical inactivity, and harmful use of alcohol
17. Investing in primary prevention, health care interventions including palliative care, and improved surveillance can reduce the burden of NCDs
18. It is paramount to ensure equitable access to quality and comprehensive care for people with or at risk of noncommunicable diseases and strengthen health care systems based on primary health care (PHC)
19. Programmes for the prevention and control of noncommunicable diseases require coordinated and collaborative action by multiple sectors within government, communities, civil society, private sector, international partners, academic and research institutions
20. Active participation of all sector stakeholders including communities, private for profit and not-for-profit organizations is essential for effective and sustainable prevention, control and management of NCDs including national consensus building on policy and strategy priorities
21. Generation, collection and use of data are important for policy decision making, programme implementation, surveillance and informing the society

We therefore call on the Government to:

22. Provide leadership and coordination of multi-sectoral collaboration to make the prevention and control of noncommunicable diseases a whole-of-government and whole-of-society response
23. Develop policy and legislative frameworks that create supportive environments for the prevention and control of noncommunicable diseases including provision palliative care
24. Address noncommunicable diseases within a health systems approach, taking into consideration gender and socio-cultural factors in order to provide comprehensive and sustainable interventions
25. Integrate NCD prevention and control into national health planning frameworks and budget allocation and where appropriate into development planning, including poverty reduction strategies
26. Provide financial resources for addressing noncommunicable diseases that are commensurate with the burden of disease including establishing a comprehensive national social protection scheme that covers the health needs of people with noncommunicable diseases
27. Develop and introduce strategies to ensure universal access to affordable, quality-assured essential medicines (including for palliative care), vaccines and technologies for people at high risk of and people living with cancer, cardiovascular disease, chronic respiratory disease and diabetes (noncommunicable diseases)
28. Strengthen health care service delivery for people with noncommunicable diseases, including human resource development, quality diagnostic services, regular supply of medical commodities including drugs for palliative care, data reporting and surveillance for noncommunicable diseases and their risk factors
29. Ensure the collection, analysis and dissemination of data on NCDs in order to document the trends of these conditions and their risk factors

30. Facilitate the engagement of communities in NCD interventions through strengthening the role of community health workers, community health extension workers and other local structures
31. Work together with local government and community structures to create environments that are conducive for the adoption of healthy lifestyles including safe spaces for active living, increased access to healthy foods, control of tobacco use and reduced harmful use of alcohol
32. Establish, and where appropriate strengthen, a coordinated multi-sectoral national response to noncommunicable diseases with a costed plan and a national monitoring and evaluation system
33. Ensure responsiveness to national and international commitments and accountability to those living in the country
- 34.** Ensure that people with NCDs are not discriminated in accessing medical and other forms of insurance in both public and private institutions

We further call on the civil society, private sector, local and international partners to:

35. Review their funding priorities and substantially increase their contribution to support implementation of the national NCD agenda, and to support health systems development including integrating NCD control in the PHC-based health systems strengthening initiatives in a harmonized manner rather than engaging in vertical disease-oriented programmes
36. In accordance with national priorities enhance capacity building, technical and financial support to the country to supplement national efforts for sustainable NCD prevention and control programmes
37. Support the national priorities in a coordinated and harmonized manner ensuring that their activities result in sustainable NCD programmes

Dated 26th August 2011