

**‘Combatting NCDs from the Village to the UN: Integration of NCD Interventions into UHC’**  
**Side Event, third UN High-level Meeting on NCDs**  
**26 September 2018**

With support from the Permanent Mission of Denmark, and the Government of Kenya, the East Africa NCD Alliance, the Danish NCD Alliance, Novo Nordisk and the NCD Alliance held a Side Event at United Nations Headquarters on September 26, 2018 during the week of the UN High Level Meeting on NCDs. The event was held under the theme *Combatting NCDs from the Village to the UN: Integration of NCD Interventions into UHC*. It was co-hosted by the Government of Kenya, Government of Tanzania and Government of Denmark.

The goal of the Event was to illustrate the social impact of NCDs on households in Africa, draw from the experiences of governments, people living with NCDs (PLWNCDs), and wider civil society; and to dialogue about collaboration between governments, civil society and private sector to renew the fight against NCDs as a sustainable development priority in East Africa and globally, with a particular focus on Universal Health Coverage (UHC).

Key speakers included Hon Ummu Mwalimu (Minister of Health Tanzania); Mr Per Okkels (PS Ministry of Health, Denmark), Dr Anne Wamae (on behalf of the Minister of Health of Kenya), Mr Edward Ligondo (PLWNCD from Kenya), Dr Cristina Parsons-Perez (NCD Alliance), Mr Stefan Islandi (Danish NCD Alliance), Prof Gerald Yonga (East Africa NCD Alliance) and Dr Githinji Gitahi (Amref Africa).

Over 50 participants attended. These included government representatives including the Rwanda Minister of State for Health (Dr Patrick Ndimubanzi), South Africa Deputy Minister of Health (Dr Joseph Phaahla), Minister of Health from Kenya, the PS Ministry of Health, Denmark, among others. Other participants included NCD civil society representatives and representatives of foundations and private sector. In keeping with the theme, PLWNCDs were invited to the UN from rural villages in Uganda and Kenya to share their stories about living with NCDs.



The different speakers provided a broad perspective from PLWNCDs, governments representative and NCD civil society leaders. Government representatives noted that NCDs are now recognised a serious concern especially in low- and middle-income countries (LMICs), and that there is a clear and urgent role for governments to contribute, building further on existing efforts. They highlighted the need to increase access to NCD care at the local level to ensure that poor people are also protected, and the importance of partnerships with CSOs and private sector.

From the perspective of people living with NCDs, it was clear that there is lack of awareness of NCDs among health workers even when patients go with clear NCD signs, which is a major cause of suffering. There is need for services at lower levels, closer to people, especially in rural areas to avoid the costly need to travel to major towns. NCDs should be treated as an emergency, with due investment to integrate NCD interventions into UHC and insurance packages. There is a need to protect the human rights of PLWNCDS; many have lost jobs once diagnosed with NCDs even when they are capable of working, and PLWNCDS are too rarely included in decision making. Their personal testimonies helped illuminate the human experience of NCDs. NCDs go beyond numbers in reports, but refer to people – families and communities - who have been impacted.



Civil society leaders emphasised the need to make NCDs and health a development priority in government and government development agencies. They called on governments to increase NCD financing and see it as an investment not a cost. It was emphasised that UHC cannot be achieved without full integration of NCD prevention and control, and the involvement of PLWNCDS in decision making. They highlighted the work already done and the role of CSOs in the prevention and control of NCDs, and expressed regret for the slow response in Africa where simple but life-saving technologies like blood pressure monitors are still needed in primary health care facilities. Governments must take the foremost responsibility for the health of their citizens.

With the formal adoption of the 2018 UN Political Declaration on NCDs taking place the day after this side event, the timing is now ripe for action. Governments should be encouraged to go above and beyond the language set out in the Declaration. Individual governments must be engaged to push the agenda by identifying areas of success and low hanging fruits in each country, and to begin preparations for the 2019 UN High-level Meeting on UHC, making it clear that UHC will remain out of reach without due attention to NCD prevention and control.

### Detailed notes from speakers

#### **Edward Ligondo, a stroke survivor from Ikobero Village, Vihiga County, Kenya: Scene Setting Remarks**

To frame the discussion, the event began with Mr Ligondo sharing his personal story. He narrated his experience of suffering from a stroke, and his ordeal of near-fatal neglect in hospital. Edward had collapsed after a church service and was taken to Nairobi Women's Hospital at 11am where the doctor first dismissed him as normal even after Edward had explained what had happened and that he showed signs of paralysis. But after confirming that he had medical insurance, he was admitted for monitoring with no diagnosis or medication until 8pm when he suffered the second

stroke. At this point, he was admitted for treatment for the next thirty days. Edward counts himself a very lucky man – not because he survived two stroke attacks in less than 24 hours but – because he was insured from his teaching job. He said he had no idea how other people, especially the unemployed, managed to cover the staggering cost of treatment. Even with this experience, Edward re-counted that the most challenging time was after he was discharged and went back to his village to recover. Here the medicines were a \$10 round trip away in the regional town of Kisumu. Moreover, availability of medicines was not guaranteed even when he had money to buy. At the same time, he lost his job and within the community, he was stigmatised and deserted by people who thought he was bewitched. He struggle through this and when he travelled to Nairobi, he met other stroke survivors with whom he decided to form the Stroke Association of Kenya to give voice and advocate for the people who are suffering from the condition. As part of his intervention, Edward made several requests:

- Governments should provide stroke services and rehabilitation closer to the people
- NCDs should be treated as an emergency when someone visits a health centre
- Insurance must be affordable
- Survivors should not be sacked from their jobs, but they should get light roles in accordance with their capacity
- PLWCDs must be involved in all levels of decision making

**Dr Cristina Parsons-Perez - Capacity Development Director, NCDA (facilitator): Opening Remarks**

Dr Parsons-Perez noted that NCDs are a social justice issue, with the majority of NCD deaths occur in LMICs. The epidemic stemming from social and commercial determinants of health and is impacting people of low socio-economic status the most. It is these people, who are most unlikely to have access to the services they need. PLWNCDs are often living with several diseases, such as HIV and cervical cancer, with urgent need for an integrated approach. She then posed questions to be pondered by the subsequent speakers, asking how we make sure that people are living well with these diseases without experiencing financial hardship; what do we need to do to achieve the SDG targets for NCDs and UHC by 2030; and how we can build partnerships in the lead up to the UN High-level Meeting on UHC in 2019.

**Hon. Ummu Ally Mwalimu, Minister of Health, Republic of Tanzania**

The Minister noted that NCDs are a serious concern – both in rural and urban Tanzania according to recent research – and are increasing in prevalence. She also acknowledged that there is limited access to NCD services to ordinary Tanzanians. Hon. Ummu also gave a brief overview of health insurance and coverage in Tanzania under the Community Health Fund. Only 24% of Tanzanians have access to health insurance under the scheme. To improve integration of NCDs into UHC, 500 centres have been established in the country in collaboration with the Diabetes Association of Tanzania. Similarly, 400 centres for cancer have been established. She emphasised the need for increased financing and focus on prevention programmes.

**Dr. Anne Wamae Head of Quality Assurance, Standards and Regulation, Ministry of Health Kenya**

Dr Ann represented the Cabinet Secretary (Minister) for Health of Kenya. She noted that NCDs are a significant public health concern in terms of morbidity and mortality. She also noted the need to address NCDs from the points of view of PLWNCDs – i.e., from a service user point of view not from that of the service provider. She decried the inadequate structures and resources to address NCDs in a country like Kenya, especially for low-income families, leading to catastrophic health expenditures. In view of this, and drawing from the SGDs, she called on the global community to leave no one behind to suffer from NCDs, through ensuring that all people have access to quality care, including devolution of care to lower levels to avoid poor people having to travel far to referral centres, sometimes only for routine collection of medicines. She emphasised the need for strategic partnerships such as the involvement of the civil society, particularly the NCD Alliance, to partner with governments to address NCDs, including catalysing the adoption of necessary laws and policies at national levels, and development of strong social accountability mechanisms.

**Mr. Per Okkels, Permanent Secretary of the Ministry of Health of Denmark**

Mr Okkels began by acknowledging that it is now well established that NCDs are a global problem and their increasing burden is a threat to any country around the world. He noted that we need strong health systems, but in order to so, we need to be innovative and include all available resources. He singled out the need to work with the private sector

to increase investment in health, and with CSOs. Mr Okkels also underscored the need to address NCDs under the UHC framework. This requires addressing NCDs at the primary health level, which is the primary point of contact for patients and that many health issues should be addressed at that level. He also announced that Denmark would be joining the newly launched Defeat NCD partnership, which seeks to scale up action on these diseases to realise the promise of the NCDs.

**Mr. Stefan Islandi, Director of Development, Danish NCD Alliance**

Mr Islandi thanked the Governments of Denmark, Kenya and Tanzania for co-hosting the event. Drawing from the progress made by Denmark – for example in cancer treatment, anti-tobacco legislation and regulation of sugar-sweetened beverages – he noted that this has been achieved, in part, due to the constructive and critical role of civil society and by placing health high on the agenda. To this end, he called for health to be re-established as a priority for the Danish development agency, Danida. He highlighted the work of the Danish NCD Alliance in East Africa – a partnership which has helped to establish six national NCD Alliances. He noted, however, that these should have country-wide presence to contribute more effectively to the prevention and control of NCDs. Looking forward, he announced that the work of the Danish NCD Alliance with the East Africa NCDA will focus on ensuring involvement of PLWNCDS.

**Prof. Gerald Yonga, Chairperson, East Africa NCD Alliance**

Prof. Yonga commented on the particular challenge of NCDs given the double burden of infectious diseases. He decried the lack of action, pointing out that most of the governments' health plans have recognised NCDs as a problem but that we need to move forward, saying "The time to act is now", arguing that health is not a cost but an investment. He illustrated the mutually reinforcing relationship between NCDs and poverty saying that "NCDs beget poverty, and poverty begets NCDs". NCD prevention and control will not be achieved without UHC, UHC cannot be achieved without integration of NCD prevention and control. He called for meaningful involvement of PLWNCDS in decision-making and likened their current exclusion to distributing someone's food without their consent. Prof Yonga then highlighted some of the work of East Africa NCD Alliance such as the regional benchmark survey produced every four years and from which the East Africa NCD Charter was produced and endorsed by Ministers of Health of the region. Some of the key calls of the Charter include the need to mainstream NCDs in national development plans because NCDs are a human development issue. He outlined other key calls of the Charter including increased financing for health in line with the commitment in the Abuja Declaration of 15%; taxation of tobacco (according to the FCTC) and of sugar sweetened beverages and to invest such tax revenue into health to remedy the problems they cause.

**Dr Githinji Gitahi, co-chair UHC 2030 and Global CEO and Director General AMREF Africa**

Dr Gitahi began with a message of hope, on account of his perception that the NCD community is always disappointed and feels neglected due to the slow progress to address NCDs in LMICs like Africa. He warned that the HLM the following day would not bring the much yearned-for big announcements on NCD action, but counselled that there is hope, citing increased dialogue on the importance of prevention, and collaboration and mobilisation, including in the form of the side event. He highlighted the gravity of the NCD situation in African countries, but went on to argue that hope can only be driven through action and that UHC gives us a chance to grab this hope. UHC is a not a technical issue, but a decision of social justice which is centred on humanity and starts with people as healthy beings. He warned that "we are placing our hope too high" to expect global funding to tackle NCDs in LMICs since NCDs are not a global health security threat such as Ebola. He argued that there are cheap and proven actions in the form of the WHO Best Buys that can have a significant impact even without huge global funds. These can be embedded into UHC and existing health infrastructure. He noted, for example, that "you don't need a UN High Level Meeting to buy blood pressure machines" or to put in place regulation of the unhealthy products industry. Dr Gitahi also advocated for a strong role for the private sector. He concluded that a lot of extraordinary work is needed to achieve all of this.