Advocating for equity in global NCD discussions

NCD Synergies

Partners In Health

Summer 2018
What are NCDs?

- Non-communicable diseases (NCDs) represent a large category of conditions, including cancer, cardiovascular disease, diabetes, respiratory conditions, sickle cell anemia, chronic kidney disease, epilepsy, oral & eye conditions, etc...

- NCDs, mental health, and injuries are a substantial part of the disease burden (30-60%) in all countries, even in the very poorest settings where PIH works. **But NCDs receive <1.5% of global health funding!**

- NCDs pose a severe challenge for countries because they are chronic, lifelong conditions who often impact patients at young & working ages – proof of why strong health systems are critical.

Matilda Nikolasi talks with PIH clinician Joe Lusaka and was the first of many to be served during the new Dambe Health Center’s first day on April 25, 2016 in Malawi. She was screened for Hypertension, HIV and Diabetes during this visit through the SHARF (Screening for health and referrals at the facilities) initiative. (Photo by Nandi Bwanali / Partners In Health)
NCD Program at PIH

- PIH believes strongly in right to health for our patients suffering from any condition (not just where there is funding support)

- PIH established formal NCD programs in Rwanda & Malawi in 2008/2009 – have led the way since for integrated NCD care delivery across PIH sites

- Given the gaps in support for NCDs, PIH also places a strong emphasis on global advocacy, knowledge-sharing and technical assistance tailored to implementers and Ministries of Health, and research focused on NCDs in settings of poverty
Our Approach

Bring Attention to the Needs of the Poorest
Among the poorest, the greatest loss of life and health due to NCDs and injuries occurs before age 40. We amplify the voices of people affected in settings of poverty and advocate for a more inclusive global agenda.

Support Equitable Delivery of Integrated NCDI Care
Integrated strategies to address severe NCDs and injuries in settings of rural poverty can be hard to identify. We work with implementers to provide clinical mentorship and design tools and resources to reach the poorest.

Advise Ministries on Planning and Implementation
Bottom-up solutions driven by local data are needed to address NCDs and injuries among the poorest. We support ministries of health and research commissions on priority-setting reflective of their national burden.

For more on PIH’s NCD program: www.ncdsynergies.org
Growing global movement for NCDs

- Like with HIV in 2001, the world came together at the United Nations for a UN high-level meeting in 2011 which recognized the scale of the global burden for NCDs and calling for action.

- Leaders of movement looked to simplify disperse and complicated messaging and came up with the “4x4 model” of 4 diseases and 4 lifestyle risk factors that explain majority of world’s burden of NCDs.

- “4x4 model” heavily based on how we understand NCDs and chronic disease in wealthy or rising middle-income & urbanizing countries.
Examples of the prevailing “4x4” narrative…

The interesting thing is, while we die of diseases of affluence from eating all these fatty meats, our poor brethren in the developing world die of diseases of poverty, because the land is not used now to grow food grain for their families.

**FEATURE**

Grand challenges in chronic non-communicable diseases

The top 20 policy and research priorities for conditions such as diabetes, stroke and heart disease.

Avoid alcohol
Be physically active
Cut down on salt and sugar
Don’t use tobacco products
Eat plenty of vegetables and fruits

I #beatNCDs

Poor diet and smoking are two factors that contribute to millions of preventable deaths that occur each year.
Why is this problematic?

- We need stronger efforts in both NCD prevention and access to treatment!
- A sole focus on prevention of lifestyle risk factors also...
  - Ignores many NCD risk factors in settings of poverty like infectious diseases (i.e. rheumatic heart disease, cervical cancer), indoor air pollution from poorly ventilated cooking stoves (i.e. asthma, lung cancer), and malnutrition (can impact risk of diabetes and other NCDs later in life)
  - Can unduly blame patients for their “choices” rather than structural barriers to healthy living in more marginalized settings (i.e. living in a “food desert”)
  - Ignores patients that suffer from NCDs that are genetic in origin (i.e. congenital heart disease, epilepsy, childhood cancers)
  - Tends to center the movement on populations with less severe NCDs at older ages, ignoring a burden of severe NCDs impacting children and young adults
What we see in PIH countries

- Young patients
- Not many 4x4 risk factors
- Severe NCDs like type 1 diabetes and congenital heart disease
- Late diagnosis
- Hard for rural patients to get to health centers for long-term care

Rebecca E. Rollins / Partners In Health
Nineteen-year-old Alphonsina Akinana speaks in a whisper because she cannot catch her breath. Doctors at Rwinkwavu Hospital in Rwanda believe her heart is pumping blood that contains very little oxygen, due to a congenital illness that is commonly corrected in infancy in the United States.

Rebecca E. Rollins / Partners In Health
Dr. Patrick Ulysse (center) and Dr. Regan Marsh (right) visit 21-year-old diabetes patient Fadacia Mirriam in her home in Pleebo, Liberia.
PIH making case that **we should not ignore the challenges poorest countries face in addressing their NCD burden**, through:

- Leadership on Lancet Commission for Reframing NCDs and Injuries for the Poorest Billion (NCDI Poverty)
- Publishing reports across 11 countries with recommendations for action
- Contributing to global NCD policy and advocacy efforts
- Voices of NCDI Poverty initiative

For more on Lancet NCDI Poverty Commission: [www.ncdipoverty.org](http://www.ncdipoverty.org)
Contributing to the global NCD conversation

Enjoyed serving on this panel. Integrating the #NCD platform into existing USAID efforts is not only feasible, but essential. @GlobalHealthOrg @NCDSynergies

Vince Elser @NCDSynergies

A #KickOutNCDs will not stop @KayeDara @wehealthliau SA's Samele Mabele & USAID Ghana & advocates from engaging in important discussion on NCDs & reproductive health investments in addressing growing burden of NCDs. #Healthworkerscount

Roundup from #NCDIPoverty session on "Addressing NCDs as a Barrier to Poverty & Development" yesterday, which framed gap for poorest & marginalized and looked critically at country-led solutions to address NCDs and poverty reduction in LICs #NCDAF2017

New WHO leader should focus on the crushing burden of noncommunicable diseases and injuries

90% cause it to the NCD epidemic. Here is another WHO's model of investing in Comprehensive Health for the rural poor, including integrated care for NCDs at district hospitals - critical to achieve HSRB. @GlobalHealthOrg, NCD Poverty and 5目前

TASKFORCE on Women and Non-Communicable Diseases
Highlighting voices of NCDI Poverty

- Have developed video narratives which highlight the experiences of people living with NCDs and injuries from countries like Malawi
- Are working with patient advocates to participate in global dialogues and forums

www.ncdsynergies.org/voices-of-ncdi-poverty
What’s next for the NCD movement…

Sep 3-9 2018: Global Week of Action for NCDs (#EnoughNCDs)
Important moment for NCD advocates to raise awareness via social media and other means in lead up to UN HLM (will carry through full month of Sep!)

Sep 27 2018: UN High Level Meeting on NCDs
UN, WHO, Member States, and global NCD community come together to discuss NCD progress and future action in NYC during UN General Assembly week
Advocacy messages PIH will be promoting:

- Universal Health Coverage and the 2030 Sustainable Developments Goals agenda will not be achieved unless NCDs is a critical component of these efforts.
- We must lead with a rights based approach, recognizing the global scale of the NCD, injury and mental health burden, especially among marginalized populations.
- NCDs can be an economic catastrophe in LMICs and conditions of poverty increase risk for many NCDs, while preventing patients from accessing quality care – we must significantly accelerate progress in addressing these inequities.
- There are proven strategies that work for NCD care delivery even in the poorest or most rural settings – training and retention of health workers is key to capacity building at all levels of the health system.
- We must more meaningfully include the voices of people living with NCDs, injuries, and mental illness in every step of the policy process, particularly those living in settings of rural poverty who are often hardest to reach.
We are calling on the UN and member states to:

- Promote a life course approach to NCDs and injuries inclusive of the millions of children and young adults who suffer from severe NCDs
- Expand global NCD definition to include conditions & risk factors beyond the “4x4”
- Preserve and strengthen focus on equitable delivery of integrated NCD care and prevention, informed by country-led priority setting
- Recognize that lowest-income countries do not have the resources to adequately address NCDs and commit to catalytic donor support, innovative financing, and increased technical assistance to address these gaps
- Ensure strong data and accountability mechanisms for NCDs, including more research on NCDs in settings of poverty
How can PIH Engage get involved?

- Contribute to [Global Week for Action on NCDs](#) social media campaign using PIH messaging
- Use [#EnoughNCDs](#) and tag @PIH and @NCDSynergies
  - Share stories of [people impacted by NCDs](#)
- Follow, support, and retweet [@NCDSynergies](#), [@NCDIPoverty](#), and [@PIH](#) throughout September!
- Other ideas for ways to contribute [can be found here](#)
Other NCD advocates to follow and support:

**Our team!** @paulparkmd @maiacaryn @cnoble12go @gbukhman
**Dr Agnes Binagwaho & PIH UGHE:** @agnesbinagwaho @ughe_org
**Harvard Global Surgery team:** @HarvardPGSSC @keepark

**Women & NCDs Taskforce** (PIH is a 2018 co-chair): @womenandncds
**NCD Child:** @ncdchild
**NCD Alliance:** @ncdalliance

**Young Professionals Chronic Disease Network & YP-CDN Africa:** @ncdaction @ncdactionafrica
**RHD Action:** @RHDAction
**T1 International & Health Action International:** @t1international @HAImedicines
**Sania Nishtar:** @sanianishtar
**Katie Dain:** @katiedain1
Let us know if you have questions!
Maia Olsen: molsen@pih.org
Amy McLaughlin: amclaughlin@pih.org

PIH’s advocacy on NCDs will also extend far beyond the NCD High-Level Meeting in September! We will continue to be strong advocates for NCDs in settings of poverty as part of the larger movement to achieve the SDGs & Universal Health Coverage. Feel free to reach out if your chapter wants to get more involved with our team in coming months!