

NCD Alliance regional multistakeholder dialogue in the **AFRICAN REGION**



Inspiring Change, Putting People First

Shaping Responsive Health Systems for People
Living with NCDs in the COVID-19 Era

FINAL MEETING REPORT

10 May 2021



This NCD Alliance regional multistakeholder dialogue in the African region was sponsored by Access Accelerated.

Edited by NCD Alliance, August 2021

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Executive Summary

People-centred approaches to noncommunicable disease prevention and control in Africa

People living with NCDs face disproportionate risks of morbidity and mortality from COVID-19. The pandemic is associated with heightened vulnerabilities for specific communities in the African region due to failures to effectively address the NCD burden. Going forward, there is a need to *build back better and fairer* from the COVID-19 pandemic by internalising the lessons learned and addressing the gaps uncovered. Prevention and healthcare delivery models for NCDs will need to be assessed to understand how the needs and lived experience of people living with NCDs can be drivers for change. A people-centred approach is a core aim for health systems and an awareness of how people-centred approaches can be embedded at a foundational level is needed for all stakeholders.

Global Charter on Meaningful Involvement of People Living with NCDs

In 2021, the NCD Alliance (NCDA) is developing by consultation a Global Charter on Meaningful Involvement of People Living with NCDs which will mobilise organisations around a shared understanding of meaningful involvement. It will entrench the commitment to put people first, and mainstream and embed their involvement in organisational practices, recognising the value and contribution of the lived experience. The Charter will be launched during the 2021 Global Week for Action on NCDs, taking place from 6-12 September under the theme of “community engagement”. The Charter will be available for endorsement by governments, international partners (e.g. multilateral and bilateral organisations, foundations), relevant private sector¹, and civil society organisations.



¹ NCD Alliance’s definition of private sector excludes industries involved in alcohol, tobacco, and nicotine, ultra-processed and foods and beverages that are high in fat, sugar and/or salt, fossil fuel extraction, and arms industries, given they are considered as either harmful to health or may increase the risk of NCDs.

NCD Alliance regional multistakeholder dialogue in Africa

The African region multistakeholder dialogue was organised by NCD Alliance virtually on May 10, 2021, as part of a series of dialogues in five WHO regions (Africa, Pan America, Eastern Mediterranean, South-East Asia and Western Pacific). These events, along with a series of Our Views, Our Voices civil society meetings, formed part of a broad consultative process to shape the Global Charter.

The event sought to facilitate a dialogue on people-centred approaches to address NCDs in the African region, with the overarching goal to build back better and fairer from the COVID-19 pandemic. More specifically, the objectives were to:

- Take stock of progress achieved on NCDs and challenges faced at the regional level in the current COVID-19 context;
- Discuss the value of adopting people-centred approaches to address NCDs and explore the role different stakeholders such as governments, multilaterals, relevant private sector, and civil society can play;
- Highlight successful models and initiatives that have put people first, helped further the NCD response and created social impact for communities;
- Facilitate the development of a common vision and a shared purpose across sectors and stakeholders, acknowledging their efforts as drivers and potential enablers to embed meaningful involvement of people living with NCDs in organisational practices.

More than 130 participants representing governments, multilateral organisations, academia, people living with NCDs, NCD Alliance member organisations including national and regional alliances, relevant private sector, and other key regional stakeholders, participated actively in the dialogue. Discussions were framed in the context of the disproportionate impacts of COVID-19 on the African region, where health systems' capacity was insufficient to respond to the needs and heightened vulnerability of people living with NCDs. Despite of the growing burden of NCDs in the African region, the meaningful involvement of people living with NCDs has been largely absent from policy-making processes in the region.

The value of people-centred approaches was therefore discussed extensively, and participants highlighted the need for community engagement at every step of policymaking. Increased funding to advance Universal Health Coverage (UHC) and the development of a strong health system infrastructure were noted as foundational in improving access to and quality of NCD care. The need for strong multisectoral collaborations which can leverage the expertise and capacities of different stakeholders was another major theme. Throughout the multistakeholder dialogue, participants highlighted the role of people living with NCDs in influencing policy and showcasing what people-centred care looks like.

[The NCD Alliance regional multistakeholder dialogue in the African region was organised with the support of Access Accelerated.]

- ◀ During a vision screening event in a Local Government Area, Nigeria, assistants use Rosenbaum's pocket vision screeners to evaluate who needs reading glasses.

Introduction and opening remarks

Speaker	Roles
Ms Katie Dain , CEO, NCD Alliance.	Welcome and introductory reflections from NCDA
Ms Aminatou Sar , West Africa Hub and Senegal Country Director, PATH.	Opening remarks, introduction of context, definition of main goals and format of session, and introduction of speakers

Ms Katie Dain, CEO of the NCD Alliance, delivered a welcome address, first introducing the NCDA as a global civil society network that brings together 300 members in 81 countries. She reiterated NCDA's mandate of ensuring a world in which everyone can live a healthy and productive life, free from preventable suffering, stigma, disability, and death caused by NCDs. Ms Dain also described the burden of NCDs in the African region, highlighting that NCDs are on track to become the leading cause of ill-health, disability, and premature death in the region. She noted the compounding impacts of the COVID-19 pandemic on the region and the importance of the dialogue.

“...the NCD community has experienced COVID-19 as a *syndemic*, with people living with NCDs severely and disproportionately impacted in so many ways.”

Ms Katie Dain, CEO, NCD Alliance.

Ms Aminatou Sar, leader of PATH's West Africa regional hub, delivered introductory remarks, including the agenda of the multistakeholder dialogue. Ms Sar reflected on health system gaps revealed by the COVID-19 pandemic, and the related higher risk of morbidity and mortality for people living with NCDs. Disruptions in services were a barrier to high quality NCD care where investment was already insufficient, compounding negative impacts for people living with NCDs. Considering this context, the importance of multistakeholder engagement to ensure access to NCD health care and resilience in health systems during and after the pandemic was highlighted. Ms Sar also emphasised the significance of pursuing region-specific people-centred approaches to addressing NCDs.

“NCDs are one of the most poorly funded disease areas, which compounded the already increased risk people living with NCDs had of getting severely ill with [COVID-19]”

Ms Aminatou Sar, West Africa Hub and Senegal Country Director, PATH.

Putting people first

Unpacking the concept in light of realities of the region and current context

Speaker	Roles
Ms Aminatou Sar , West Africa Hub and Senegal Country Director, PATH.	Moderator
Mr Babatunde Omilola , Manager, Public Health, Security and Nutrition Division, African Development Bank.	Keynote address

CONTEXT

Dr Babatunde Omilola, Manager for Public Health, Security and Nutrition Division at the African Development Bank delivered the keynote address of the multistakeholder dialogue, establishing an understanding of the COVID-19 pandemic in the African region through the lens of the African Development Bank (ADB).

Dr Omilola highlighted the scale of the NCD burden and impact in the region, presenting relevant data and several key facts to support his analysis of the current context:

- NCDs are increasingly prominent across the world. Cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes account for over 80% of all premature NCD deaths globally.
- NCDs impact the African region disproportionately. While deaths from NCDs are likely to increase globally by 17% in 10 years, they are projected to increase by 27% in Africa, representing 28 million additional deaths.
- There are many drivers and determinants of NCDs in Africa – population expansion, rapid urbanisation, and unhealthy lifestyles are all key factors.
- There is general disinterest in NCD response funding. While NCDs represent 70% of all global deaths, less than 2% of development assistance is for NCDs.
- NCDs have significant socioeconomic impacts. Poverty is closely linked with NCDs, as associated costs are a significant drain on household resources. The rapid rise is also expected to impede poverty reduction initiatives in the African region.

The COVID-19 pandemic revealed the extent of health system weaknesses in the African region, and the inability of infrastructure to cope with the rise in NCDs. Potentially catastrophic impacts of inadequate funding include decreased labour output, lower returns on human capital investments and increased capital costs. Dr Omilola highlighted the importance of funding the NCD response by exploring the role of ADB. As a lending institution, the ADB has worked with regional member countries in emergencies such as the COVID-19 pandemic and the Ebola crisis to provide financing while engaging with all critical stakeholders at national level. The ADB's board approved a US \$10 billion COVID-19 Response Facility for the African continent, part of which went into building public sector and private sector collaboration. This highlights how the ADB is well placed for engaging in multistakeholder dialogues, collaborations, and partnerships that can accompany or complement the provision of resources. Dr Omilola asserted the African Development Bank's intention to be more deliberate going forward in their engagement with NCD communities to drive advocacy, capacity development and community action.

Recommendations

Adopt a people-centred approach

A shift toward a more inclusive approach to health systems planning that promotes the participation of people living with NCDs in decision-making is needed. These approaches should align with the 2018 UN High-Level Meeting (HLM) Political Declaration on NCDs, which acknowledged the importance of amplifying voices of people living with NCDs. There is some evidence that the NCD responses are shifting towards improved people-centred approaches, and this momentum should be carried forward to better incorporate the needs and lived experience of people living with NCDs.

“What would a people-centred approach mean for us? It would require the meaningful involvement of people living with NCDs in decision-making processes for health. This includes working towards integration of NCDs into UHC policy and implementation.”

Mr Babatunde Omilola, Manager for Public Health, Security and Nutrition Division at the African Development Bank.

Prevention and control

Six areas for action are reducing tobacco use, reducing alcohol use, reducing physical inactivity, reducing unhealthy diets, managing cardiovascular diseases and diabetes, and preventing and managing cancers.

“Noncommunicable disease deaths will be the highest in Africa within this decade – prompting an immediate need to adequately prepare the continent’s health systems.”

Mr Babatunde Omilola, Manager for Public Health, Security and Nutrition Division at the African Development Bank.



Build partnerships

The need for a collaborative approach was emphasised, notably through effective communication between the public and private sectors. Multistakeholder partnerships are necessary to assess and respond to the limitations of infrastructures in coping with the growing burden of NCDs.

Finance and invest in Universal Health Coverage (UHC)

Potential financing mechanisms highlighted included intelligent financing, taxation, impact investment, innovative financing, and catalytic funding. The development of UHC should be supported through systematic health system strengthening in place of multiple disease-centric responses. UHC should integrate NCD services. This will be necessary to reduce inequality and address barriers to accessing healthcare, and to achieve health-related Sustainable Development Goals (SDGs) by 2030.

Finance health infrastructure development

Weak health infrastructure across the African region needs adequate and consistent funding as well as planning to cope with the growing NCD burden. Investments in NCD surveillance can support infrastructure strengthening.

Invest in digital technologies

If properly deployed, digital health technologies have the potential to promote the meaningful involvement of people living with NCDs in their own care and contribute to NCD surveillance.

“Investing in noncommunicable disease prevention and treatment requires commitment from national governments to increase domestic funding and develop an enabling environment for private sector involvement, and all of these can only be done through meaningful partnerships and true dialogue such as this.”

Mr Babatunde Omilola, Manager for Public Health, Security and Nutrition Division
at the African Development Bank.



Why people and communities must be centre-stage in building back fairer from the COVID-19 pandemic

Speaker	Roles
Ms Aminatou Sar , West Africa Hub and Senegal Country Director, PATH.	Moderator
Mr Chris Agbega , lived experience advocate, Ghana NCD Alliance.	Lived experience advocate

CONTEXT

The Impact of COVID-19

Mr Christopher Agbega from the Our Views, Our Voices Global Advisory Committee and a lived experience advocate with the Ghana NCD Alliance highlighted the experiences of COVID-19 for people living with NCDs in the African region through his experience and his work with the Ghana NCD Alliance.

Following from Mr Babatunde Omilola's keynote intervention, Mr Agbega focused on the notion of impact throughout his intervention. Before the onset of the pandemic, accessibility of NCD services was limited and stigma was a universal challenge. The COVID-19 pandemic amplified these obstacles, impacting people living with NCDs severely. The initial responses by most governments compounded the already elevated risks associated with COVID-19 for people living with NCDs through disruptions in care and a failure to factor the needs of NCD patients into response plans and policies. Mr Agbega gave a personal example, describing the inadequacies of the UHC system to cover the increase in prices in his course of medications. He highlighted why it is important to understand how the pandemic impacts people living with NCDs each day to adequately respond to the outsized risks they face.

Adopting a people-centred approach

Mr Agbega emphasised the need for countries' COVID-19 responses to focus primarily on those most impacted – people living with NCDs. Meaningful involvement must be central to any response strategy. A people-centred response that accurately captures the needs and lived experience of people living with NCDs is necessary during the COVID-19 pandemic and beyond. Mr Agbega underscored the importance of prioritising the needs of people living with NCDs.

“[Government interventions] should be people-centred, and by ‘people’ I mean persons living with NCDs. It has to capture their needs. It has to capture their lived experience ... People are experiencing a crisis which is giving them a certain lived experience.”

Mr Chris Agbega, lived experience advocate, Ghana NCD Alliance.

PANEL DISCUSSION

Shaping the future of NCDs by putting people first - A regional perspective on the importance of community- driven approaches

Speaker	Roles
Ms Aminatou Sar , West Africa Hub and Senegal Country Director, PATH.	Moderator
Dr Jean-Marie Dangou , NCD Programme Coordinator, Universal Health Coverage Communicable and Noncommunicable Diseases Cluster/WHO AFRO.	Panellist WHO perspective
Dr Ephantus Maree , Head of the NCD Department, Ministry of Health, Kenya.	Panellist National government perspective
Ms Lea Kilenga , Member of Our Views, Our Voices Global Advisory Committee and NCD Alliance Kenya, Co-Founder and CEO of Africa Sickle Cell Organisation.	Panellist Lived experience advocate
Dr Kaushik Ramaiya , President-Elect, Africa NCDs Network, Secretary General, Tanzania NCD Alliance.	Panellist Health workforce perspective

OVERVIEW

In this discussion, panellists contextualised their experiences with community-driven approaches in the backdrop of the pandemic. They described possible visions for a future with resilient healthcare systems imbued with people-centred values. Panellists also shared examples of research and other efforts made during the pandemic that illustrated what worked or did not work.

Dr Jean-Marie Dangou, NCD Programme Coordinator, UCN Cluster/WHO AFRO shared insights from two WHO global surveys which offered snapshots of gaps and challenges in service delivery as a result of COVID-19 across many African member states, and identified bottlenecks, priorities, and recommendations. Results from the first survey in 2020, from 33 African member states showed that 69% of countries reported disruption in hypertension, cardiovascular services, and cancer treatments; asthma services; and dental care. In the second survey of 40 African member states, over 50% reported disruptions in cancer screening, urgent dental care, cardiovascular emergencies, and diabetes management. Except for hypertension and cancer management, these disruptions were higher in the region than globally. Recommended approaches for managing disruptions included community engagement, improved guidance for patients, better integration of NCD services, staff recruitment, training, role delegation, task shifting, redirection of patients to alternative healthcare facilities, and self-care interventions.

“We should engage and empower people and communities by promoting health literacy... We should also strengthen governance and accountability by identifying and strengthening mechanisms to engage communities and CSOs in processes of governance, planning, priority setting, and service-delivery.”

Dr Jean-Marie Dangou, NCD Programme Coordinator, UCN Cluster/WHO AFRO.

Dr Ephantus Maree, Head of the NCD Department at the Ministry of Health in Kenya, shared his experiences. A rapid assessment of services during the pandemic showed the impact of COVID-19 on people living with NCDs and on NCD care. Of all COVID-19 cases, 43% were associated with co-morbidity, most of which was due to hypertension and diabetes. 23% of health facilities lacked essential drugs for these conditions. Close to 38% of facilities did not have mechanisms to directly communicate with people living with NCDs. Dr Maree shared how the Ministry of Health addressed the situation through the formation of a COVID-19 committee, with representatives from civil society and private sector, people living with NCDs, and other partners. He noted that through these efforts the reach and access to health services for people living with NCDs during the pandemic increased, highlighting the role of collaboration and civil society involvement in addressing NCD care.

“There was fear and misinformation about the pandemic. There was also vaccine hesitancy ...and this renewed the need for empowerment for people living with NCDs, not only from an informational perspective, but also with their involvement in planning and making key decisions within the health system.”

Dr Ephantus Maree, Head of the NCD Department, Ministry of Health, Kenya.

Ms Lea Kilenga, Our Views, Our Voices Global Advisory Committee member, an advocate with the NCD Alliance of Kenya, Co-Founder and CEO of Africa Sickle Cell Organisation, invoked the Advocacy Agenda of People Living with NCDs when she stated that “there is power in the lived experience.” Ms. Kilenga shared the experience of NCD Alliance Kenya prioritising the needs of people living with NCDs during the COVID-19 pandemic by calling for the re-opening of clinics that had been closed due to the pandemic as well as the prioritisation of vaccinations for people living with NCDs. Ms Kilenga also shared the experience of the WHO Informal Consultation on People Living with NCDs held in December 2020. WHO ‘coming down to the community level’ represented a recognition of the importance of meaningful involvement of people living with NCDs, as fostered through years of NCD advocacy globally and regionally. This highlighted the importance of shifting away from prescriptive top-down approaches toward participatory bottom-up methods. The position of Africa as a leader in the discourse to achieve people-centred approaches was underscored.

“I think the greatest achievement in healthcare processes has been and continues to be the involvement of people. My understanding of people in the word “people-centred” is the range of stakeholders in and outside health whose participation and collaboration allows everyone to live. Especially the most vulnerable populations, and people living with NCDs.”

Ms. Lea Kilenga, Our Views, Our Voices Global Advisory Committee and NCD Alliance Kenya.

Dr Kaushik Ramaiya, President-Elect, Africa NCDs Network, Secretary General, Tanzania NCD Alliance, shared his experience working with the Tanzania Ministry of Health to ensure sustainability in programmes. To explore this topic, he reflected on how people living with NCDs can play a catalytic role in ensuring good quality care. He highlighted the role of partnerships between governments, the health workforce, and civil society in effective community engagement to shape policies and improve services for people living with NCDs. Dr Ramaiya shared the experience of working with the Tanzania Ministry of Health to frame policies and review regulations to ensure a conducive environment for involvement of people living with NCDs. A series of diabetes clinics were built, which were transitioned into NCD clinics through partnerships between people living with NCDs, healthcare providers and the Ministry of Health.

“Whenever you start any programme or initiative, it has to be revised by the people with the disease because they are best placed to know what will help them and what will not help them.”

Dr Kaushik Ramaiya, President-Elect, Africa NCDs Network, Secretary General, Tanzania NCD Alliance.

The main themes resulting from the panel discussion are summarised below:

The impact of COVID-19 has highlighted the urgent need for the involvement of people living with NCDs

People living with NCDs have faced disproportionate health impacts from COVID-19, revealing vulnerabilities in health systems’ ability to support their needs. Inadequate planning of services in response to the pandemic resulted in failures that played out in health systems across the continent. NCD clinics were converted into COVID-19 centres, diverting resources from NCD services. Facilities lacked essential drugs for conditions like hypertension and diabetes, both of which increased the risk of severe outcomes for COVID-19 infections. There was a lack of mechanisms for direct communication with people living with NCDs. Fear, misinformation, and vaccine hesitancy were widespread, revealing a need to reach out to communities.

The impacts of the pandemic highlight the need to prioritise and invest in the needs of people living with NCDs. Ensuring that essential NCD services remain accessible during emergencies must be a critical consideration for governments and health systems. The panellists highlighted the opportunities that emerged from the COVID-19 pandemic, including their experiences of advocacy initiatives which led to collaborative efforts that put people first. It is important to note that these recent advocacy gains related to the meaningful involvement of people living with NCDs are attributable to a galvanisation of efforts in the NCD response regionally and globally.

People-centred approaches must take centre stage

People-centred approaches involve engaging relevant communities; for example, in initiatives to revise programmes designed for them. It also involves promoting an understanding of the right to health; for example, through health literacy.

The panellists noted the traditional top-down approach that dominates health systems, and the need to shift to more participatory and inclusive approaches in processes of governance, planning, priority setting, and service delivery. The value of people-centred approaches and their impacts on equity were discussed. Panellists agreed that they can drive efforts to address gaps in access to quality healthcare and develop resilience in health systems to ultimately ensure community-centred, viable, and sustainable interventions.

The sustained involvement of civil society alongside government efforts in the co-creation of policy was a central theme of discussion. Panellists highlighted the need for governance and accountability, through the identification and strengthening of mechanisms to engage communities and civil society organisations. Social cohesion among stakeholders was emphasised, and effective multi-stakeholder partnerships were presented as an opportunity to reorient and coordinate services across sectors. Overall partnerships helped yield better outcomes during the pandemic.

“For Africa, I believe social cohesion from all stakeholders and an ability to come together during a disaster like COVID-19, like NCDs and everything we bear as a region shows [our] ability to be resilient, recover and allow us to rebuild for people living with NCDs, for communities across Africa to live fully...we need to prioritise people-centredness,”

Ms. Lea Kilenga, Our Views, Our Voices Global Advisory Committee and NCD Alliance Kenya.

Build systems for quality care

The responsiveness of systems and structures has been shown during the pandemic to be vital. Health care infrastructure needs to be reformed through strong community-focused efforts. Panellists highlighted the need to shift the thinking around health systems to reflect a transformation toward UHC, where service packages respond to chronic care needs, including for NCDs as well as for acute, emergency care needs. Resilience requires social cohesion, and the ability to identify and tackle shared problems. Access to quality healthcare should be prioritised, with a focus on sustainable programming.

The documented evidence of frustration and limitations in access to care associated with referrals in the healthcare system reveal how people fall through the cracks along the care pathway. Many are not able to access the necessary care after diagnosis. This needs to be addressed at all levels. Panellists noted a need for health system infrastructure improvements that directly address the referral pathways and sustain quality care at primary, secondary and tertiary levels.

Supply chains have come into focus during the pandemic as a part of building infrastructure. There is a need to prioritise patients in remote areas, or patients who cannot access care for other reasons, including those who would not enter health centres due to fear of contracting COVID-19. Mobile services can play a valuable role in the African region as a component of outreach. The “last mile” of the supply chain from the facility to a person’s home is another crucial part of the supply chain and cannot be overlooked.

Dr Ramaiya highlighted that the ideas and expertise from people living with NCDs cannot be replaced by formal education and are invaluable to planning care. His experience in Tanzania exemplified the role of training healthcare professionals in community engagement to improve quality of care. Acute management teams were set up, comprising healthcare workers, paramedical staff, health facility volunteers, and people living with NCDs. This approach emphasized the value of people living with NCDs in informing how acute care should be delivered based on their needs.



Centre Valbio traveling health clinic staff provide examinations and medications to local people in Antarlava village, Madagascar.

FIRESIDE CHAT

Showcasing community-driven innovation through civil society

Speaker	Roles
Ms Aminatou Sar , West Africa Hub and Senegal Country Director, PATH.	Facilitator
Mr Ferdinand M. Sonyuy , Secretary General, Cameroon Civil Society NCD Alliance.	Fireside chat Showcasing community-driven innovation through civil society

Intervention and findings

Mr Ferdinand M. Sonyuy, Secretary General, Cameroon Civil Society NCD Alliance, shared his experience of mobilising the Cameroon NCD Alliance to develop advocacy and community engagement strategies to better protect people living with NCDs and advance UHC. His team consulted with the government and then with people living with NCDs about the government's COVID-19 response.

Findings revealed key insights and gaps, including the neglect of people living with NCDs by policymakers in developing responses to the pandemic. There was no intentional focus of COVID-19 response plans on NCD patients or provisions for continuity of services. Another key finding was data gaps on people living with NCDs, their geographical locations, and their needs.

Outcomes and follow-up

Findings were disseminated by the Cameroon NCD Alliance in both French and English for accessibility. A discussion with the Cameroon Ministry of Health was held, along with a press conference, to review the results and offer solutions to address the gaps identified.

Invited to be part of a national response committee as civil society, the Cameroon NCD Alliance also leveraged its position to ensure the interests of people living with NCDs were protected, notably in the COVID-19 response and vaccination plans. In particular, it advocated for the prioritisation in vaccination for people living with NCDs and used the press opportunity to speak to the public, including information relevant to people living with NCDs. The Cameroon NCD Alliance's experience highlighted how advocacy opportunities can be created and perpetuated through civil society actions.

“One interesting outcome is that we were invited onto the table as a civil society group to be part of the national response committee. Since then, we have ensured there is inclusion of people living with NCDs in the response [to COVID-19] ... we have used our opportunity to be on that table to keep making sure that press releases that come out and conferences include information that supports people living with NCDs.”

Mr Ferdinand M. Sonyuy, Secretary General, Cameroon Civil Society NCD Alliance.

PANEL DISCUSSION

Exploring solutions to mobilise communities in the African region for a people-centred response to NCDs in the COVID-19 context

Speaker	Roles
Ms Aminatou Sar, West Africa Hub and Senegal Country Director, PATH.	Moderator
Prof. Gerald Yonga, President, Africa NCD Network	Panellist Regional NGO perspective
Dr Ladi Hameed, Country Manager, Roche Nigeria	Panellist Private sector perspective
Ms Chantelle Booyesen, Mental health advocate, South Africa	Panellist Lived experience advocate

OVERVIEW

This session involved rich discussions on where action can be taken to respond to the complex needs of communities during and beyond the COVID-19 pandemic. Understanding the way in which individuals and communities of people living with NCDs experience the pandemic is vital to developing solutions. The panellists drew on their unique experiences in their roles across the African region to provide examples of health system failures in responding to the pandemic, lessons learned, and enabling efforts made.

Professor Gerald Yonga, President of the Africa NCD Network, discussed how communities were affected by the pandemic, their interactions with health systems, and how alliances have adapted to the changing needs of communities during this time. He highlighted the devastating effects of the disruption of services, where over 50% of services for hypertension, 42% of services for diabetes, 40% of services for dialysis, and 70% of services for rehabilitation were suspended, disrupted, or reassigned. Through advocacy efforts, some positive actions were taken, including talks with the government, leading to a communique on mechanisms for restarting NCD services. Collaborative approaches yielded a variety of actions, including webinars from professional societies and events that highlighted certain NCDs. Professor Yonga highlighted the importance of involving all areas of society in multisectoral approaches to decision making.

“The involvement of different levels of society in decision making and ensuring a healthcare system that is resilient and able to support communities in a pandemic is not a preserve of government, but really it’s achievable through collaboration between all stakeholders that are concerned with human development at home and globally.”

Professor Gerald Yonga, President, Africa NCD Network

Dr Ladi Hameed, Country Manager, Roche Nigeria, discussed COVID-19 as underscoring the need for the meaningful involvement of people living with NCDs and highlighted the role of public-private collaborations in addressing the challenges raised. Dr. Hameed shared an example of the government's collaboration with the private sector, particularly private laboratories in Nigeria, to scale up diagnosis during the pandemic. This resulted in a positive impact on COVID-19 testing rates.

“If we don't understand the patient journey and the challenges that patients are having in moving from awareness to accessing medication, we will never be able to put policies in place that will make a difference in the lives of the patients.”

Dr Ladi Hameed, Country Manager, Roche Nigeria.

Ms Chantelle Booyesen, mental health advocate, used her advocacy journey in South Africa to illustrate a powerful case against the chronic underfunding of mental health care and the political context surrounding it. She also revealed the disruptions caused by the COVID-19 pandemic to the few available resources, such as the diversion of mental health funding for vaccines, and the poor responses that have only worsened outcomes. Ms Booyesen highlighted the need for multisectoral efforts and a rethinking of our approaches to mental health care, through methods like integrating community first responders into health systems for collaborative health interventions. She also emphasised the need for a dramatic increase in funding and support for mental health services and carers.

“Mental health care in many, if not all countries, follows a largely vertical, fragmented, and disease-focused model. For us to attain the 2030 Sustainable Development Goal of good health and wellbeing, we cannot continue focusing on a disease-focused model for mental health, or any other NCDs for that matter. It's just not sustainable.”

Ms Chantelle Booyesen, mental health advocate, South Africa.

The following main themes were discussed throughout the session:

The effects of COVID-19 on communities show the need for community-driven approaches

People living with NCDs are more likely to contract COVID-19 and have the highest morbidity and mortality from the virus. The massive disruptions to NCD services across the region, which disregarded continuity of care, took place largely without consultation with or participation from people living with NCDs. Health system responses to the pandemic were in part a product of panic and a result of the failure to understand and listen to the needs of people living with NCDs. Without planned alternatives, the impacts of the response plans were catastrophic, leaving people without care, and others without the screening or diagnostic services necessary to start treatment. This had both immediate and long-term impacts on health outcomes for people living with NCDs and underscores the need for involvement of all parts of society in decision making to ensure that the continuation of NCD services is prioritised in emergency situations and beyond.

A review of mental health services in the African region exposed the extreme impacts of system failures to respond to the needs of people living with NCDs. The risk of deteriorating mental health is widespread and the pandemic amplified this risk. Disruption of care impacted patients seeking mental health care profoundly. Here, mobilising communities is especially important to demand patient-centred care as well as building trust in communities.

“[COVID-19] really exposed the soft belly of the African health system in the beginning, and even up to now.”

Prof. Gerald Yonga, President, Africa NCD Network.

Data is needed to demystify NCDs

To mobilise communities and support people living with NCDs, panellists highlighted the need for policy makers to know who they are, where they are, and what they need. Data collection is central to being able to make informed decisions for NCD care. Collecting the right data could impact the survival, treatment outcomes, and quality of life of people living with NCDs. Stakeholders must always ask if and how services provided are making a difference for the people using them.

A positive observation from the COVID-19 pandemic response was robust data collection in some areas, and the use of that data to make evidence-based decisions. This is a lesson that can be carried forward into policy after the pandemic. On the other hand, gaps in data were also noted, where mortalities related to the exacerbation of NCDs were labelled as COVID-19 mortalities, representing a barrier to fully understanding the impacts of NCDs.

The value of digital technology to keep data up-to-date and help expand access to services to rural areas was also discussed. Patient-centric apps which enable sharing of ‘patient journeys’ can be invaluable to understanding the challenges people living with NCDs are facing and translate them into policy.

Multistakeholder collaborations create opportunities

The failures and triumphs of the pandemic brought forward an important lesson in the value of partnerships. Taking advantage of and strengthening private sector collaborations is important for health systems going forward to address access and capacity. Panellists noted the value of the private sector in providing capacity, strength, and a level of creativity in problem solving. During the pandemic, the private sector was able to respond to challenges in supply chains, mobile care, and access to diagnostics through collaborations with governments. Multistakeholder collaborations can also potentially respond to the structural issues in health systems for NCDs beyond COVID-19.

Rethink and push back on inefficient systems

The discussion highlighted the importance of developing resilient health systems that can steadily provide NCD health services through changing circumstances and challenges in the region over time. Adaptability is a necessary feature, so resources can readily be redeployed in times of emergency, as seen with the COVID-19 pandemic. While data continues to show that prevention, control, and management of NCDs must be scaled up, funding remains a critical challenge.

The way services are created and paid for should be re-evaluated. An effective NCD response requires a basis of strong primary healthcare along with patient-centred prevention, screening, diagnosis, and treatment services. Uneven progress towards UHC within the region and inadequate access to NCD medicines and technologies continue to be barriers. People living with NCDs can play a powerful role in advocating to their governments to cover necessary services and to manufacturers to make high quality products that work more efficiently. Special attention needs to be paid to patient referral pathways, where people often fall through the cracks in the system between presentation and diagnosis, and treatment. Barriers to access must be addressed in health systems design. While this is a substantial undertaking, a deep rethinking of systems planning is required in the face of current unsustainable and inefficient realities.

FIRESIDE CHAT

How can governments, multilaterals, relevant private sector, and the NCD community implement a people-centred and integrated approach to improve equity in the context of NCDs?

Speaker	Roles
Ms Aminatou Sar , West Africa Hub and Senegal Country Director, PATH.	Facilitator
Mr Carl Manlan , Chief Operating Officer, Ecobank Foundation.	Fireside chat A people-centred approach to improving equity in the context of NCDs

Mr Carl Manlan, Chief operating officer, Ecobank Foundation, shared a framework for how private sector and governments can engage with civil societies. He highlighted the importance of stakeholders like Ecobank focusing on long-term issues in the region that are delaying the work that needs to be done for economic transformation. He illustrated the framework for improved community engagement through a collaboration between Ecobank and the NCDA, where knowledge and best practice were shared. The elements of this partnership represent three ways to think about the bank's work around NCDs – knowledge, capacity building, and resource mobilisation.

Mr Manlan emphasised how equity begins with improved knowledge and understanding of NCDs, identifying it as a starting point for discussing important issues like access to treatment. Ecobank Foundation's capacity building efforts include supporting alliances with training on financial management. The processes of building knowledge and capacity helped to identify opportunities for further support, and ultimately resource mobilisation.

The collaboration between the Ecobank Foundation and NCDA is representative of the potential of public-private partnerships and an understanding of both stakeholders' relative positions to address different elements of NCD advocacy and response. Leveraging partnerships is important to advancing NCD advocacy.

“Ecobank contributed to the NCDA's Civil Society Solidarity Fund because we trust that civil society organisations are in a better position to be able to address these issues. As a financial institution, we don't have the tools and the [monitoring and evaluation framework] required to support areas such as NCDs. But we do believe that by having a strong collaboration with alliances like the NCD Alliance ... we have an opportunity to make a greater contribution to the fight against NCDs on the continent, and potentially beyond.”

Mr Carl Manlan, Chief Operating Officer, Ecobank Foundation.

Conclusions and next steps

Speaker	Roles
Ms Aminatou Sar , West Africa Hub and Senegal Country Director, PATH.	Closing remarks, including summary of key recommendations and takeaways from discussions

This multistakeholder dialogue brought together representatives from governments, multilateral organisations, private sector, and civil society to contribute to the understanding and advancement of people-centred approaches during and beyond the COVID-19 pandemic. Through well-structured and extensive participation from speakers and attendees, valuable experience was shared, promoting the urgent need for people-centred care.

The devastation of the COVID-19 pandemic was a central theme, and panellists highlighted how the burden fell most heavily on people living with NCDs. Its impact also revealed many of the failures and gaps in health systems in the African region. Discussions brought to light the importance of people-centred approaches at all levels of intervention, and highlighted areas where opportunities to advocate and mobilise communities were created and optimised. Strategic collaborations across sectors to leverage capacities, skills, and knowledge were reiterated by participants. Funding for health infrastructure and UHC with a strong people-centred approach emerged as a core objective for stakeholders.

As Ms Aminatou Sar stated in her closing remarks, “People are not diseases.” Integrated, people-centred care informed by research and meaningful involvement is vital to strengthen health systems to better respond to the needs of people living with NCDs. Developing and strengthening primary care is a central component of this. Ms Sar closed the session by thanking the panellists, attendees, and translators, while expressing hope that attendees will continue to interact with the NCDA in the future.

This multistakeholder dialogue, along with the Our Views, Our Voices meeting, have contributed to the development of the Global Charter on Meaningful Involvement of People Living with NCDs and built momentum to generate commitments within the region.

“Investing in primary healthcare is the express way to Universal Health Coverage and better protection against current and future disease outbreaks.”

Ms Aminatou Sar, West Africa Hub and Senegal Country Director, PATH.

ANNEX

Session outline

NCD Alliance regional multistakeholder dialogue in the African region, May 10 2021.

Time (CEST)	Speakers	Description
14.30 -14.59	All	Dial-in all panellists, test connections (pre-session test for mics, cameras, etc.) [Live broadcast starts at 15.00] TIMING: Opening – Welcome from co-hosts
15.00 -15.05	Ms Katie Dain CEO, NCD Alliance. (Confirmed) (5')	Welcome and introductory reflections from NCDA
15.05-15.10	MODERATOR Ms Aminatou Sar West Africa Hub and Senegal Country Director, PATH. (Confirmed) (5')	– Welcomes audience and indicates “housekeeping” rules of the session. – Moderator provides scene setting remarks, introduces the context, defines main goals and format of the session, and introduces speakers
15.10 - 15.18	Mr Babatunde Omilola Manager, Public Health, Security and Nutrition Division, African Development Bank. (Confirmed) (8')	Putting People first: Unpacking the Concept in light of realities of the region and current context
15.18 -15.23	Mr Chris Agbega Lived experience advocate, Ghana NCD Alliance. (Invited) (5')	Why people and communities must be centre-stage in building back fairer from the COVID-19 pandemic

PANEL DISCUSSION 1

Shaping the future of NCDs by putting people first: A regional perspective on the importance of community-driven approaches

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| <p>15.23 -15.29 Dr Jean-Marie Dangou
NCD Programme Coordinator,
UCN Cluster/WHO AFRO.
(Confirmed) (6')</p> | <ul style="list-style-type: none"> - Given the many intersections of NCDs and COVID-19, what are the main health system impacts exposed and disruption in NCD services observed during the COVID-19 pandemic? - How can we ensure social participation / meaningful involvement in building resilient, people-centred health systems and emergency preparedness plans? |
| <p>15.29 -15.35 Dr Ephantus Maree
Head, NCD Department, Ministry of
Health, Kenya.
(Confirmed) (6')</p> | <ul style="list-style-type: none"> - In your opinion, in what ways has the COVID-19 pandemic revealed the need for more concrete and meaningful involvement of civil society and people living with NCDs in ensuring people-centred health and development plans? - Has the pandemic been a 'lightbulb moment' for public and political perception of the importance of investing in NCDs and prioritizing the needs of people living with NCDs as part of national COVID-19 response? - What is the value of exploring people-centred models for the different stakeholders in the health system in the context of NCDs and health equity more broadly? |
| <p>15.35-15.41 Ms Lea Kilenga
Member of Our Views, Our Voices
Global Advisory Committee and NCD
Alliance Kenya, Co-Founder and CEO of
Africa Sickle Cell Organisation.
(Confirmed) (6')</p> | <ul style="list-style-type: none"> - What does a people-centred health system mean to you, and why is it essential to address NCDs, ensure UHC, and resilience and recovery from COVID-19? - Can you share with us any inspiring examples that reinforce the case for meaningfully involving communities and people living with NCDs and civil society in COVID-19 responses? |
| <p>15.41-15.47 Dr Kaushik Ramaiya
President-Elect, Africa NCDs Network,
Secretary General, Tanzania NCD
Alliance.
(Confirmed) (6')</p> | <ul style="list-style-type: none"> - Citing examples/case studies from before and during the pandemic, could you shed some light on the role of the health workforce in effective communication for the prevention and control of NCDs? - What are some of the lessons learnt moving forward? How can the meaningful engagement of the community health workers and people living with NCDs deliver better experiences for all? |

Fireside chat with participants

(2 pre-arranged interventions followed by open Q&A)

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| <p>15.47-16.07 1-2 selected interventions followed by Q&A with participants, facilitated by
Ms Aminatou Sar
West Africa Hub and Senegal Country
Director, PATH.
(20')
Mr Ferdinand M. Sonyuy,
Secretary General, Cameroon Civil
Society NCD Alliance.
(Confirmed)</p> | <p>Showcase community-driven innovation through Civil Society</p> |
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PANEL DISCUSSION 2

Exploring solutions to mobilise communities in (specific region) for a people-centred response for NCDs in the COVID-19 context

<p>16.07-16.13 Prof. Gerald Yonga President Africa NCD Network. (Confirmed) (6')</p>	<p>Can you tell us more about how communities have been affected by the pandemic and how your organisation has adapted its operations to support communities affected by NCDs in collaboration with the government, private sector and civil society?</p>
<p>16.13-16.19 Dr Ladi Hameed, Country Manager, Roche, Nigeria. (Confirmed) (6')</p>	<p>– How do we ensure that the COVID-19 pandemic is a turning point for action in terms of how we revisit the concept of people-centredness and meaningful involvement of people living with NCDs in the NCD and UHC responses? – What additional actions need to be undertaken to make sure shared value is measured with a people-centred lens?</p>
<p>16.19-16.25 Ms Chantelle Booyen Mental health advocate, South Africa. (Confirmed) (6')</p>	<p>– Reflecting on the past and present, what are your wishes for responses to the pandemic that could also help save lives from NCDs and prioritise the needs of vulnerable populations? – How can greater involvement of people living with NCDs can be achieved in practice and result in improved health systems and outcomes for the people they serve? Do you know about any relevant multisectoral approaches achieving that?</p>

Fireside chat with participants

(2 pre-arranged interventions followed by open Q&A)

<p>16.25-16.45 1-2 selected interventions followed by Q&A with participants, facilitated by Ms Aminatou Sar, West Africa Hub and Senegal Country Director, PATH. (20') M. Carl Manlan, Chief Operating Officer, Ecobank Foundation. (Confirmed)</p>	<p>How can governments, multilaterals, relevant private sector and the NCD community implement a people-centred and integrated approach to improve equity in the context of NCDs?</p>
<p>16.45-16.50 Ms Aminatou Sar, West Africa Hub and Senegal Country Director, PATH.</p>	<p>– Wrap up panel & conclusions – Moderator to wrap up the panel, including own reflections.</p>

END

End of the live stream



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

SHARE. DISCUSS. ENGAGE. CHANGE.



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