

NCD Alliance regional multistakeholder dialogue in the SOUTH-EAST ASIA AND WESTERN PACIFIC REGION



Inspiring Change, Putting People First

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

FINAL MEETING REPORT

16 June 2021



The NCD Alliance regional multistakeholder dialogue in the South-East Asia and Western Pacific region was organised with the support of Access Accelerated and Takeda

Edited by NCD Alliance, August 2021

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Executive Summary

The NCD Alliance joint regional multi-stakeholder dialogue in the South-East Asia and the Western Pacific region was part of a series of regional dialogues held by the NCD Alliance. The dialogues were held in the Pan America, Africa, South-East Asia, Western Pacific and Eastern Mediterranean regions along with the Our Views Our Voices regional meetings with civil society, which will contribute to the Global Charter on Meaningful Involvement of People Living with NCDs.

The Global Charter seeks to provide a shared understanding of meaningful involvement of people living with NCDs, including key principles, barriers and strategies for its implementation. This will contribute to a growing knowledge-base on meaningful involvement and its impact, and will increase commitment to embed meaningful involvement in organisational practices in all sectors of society. It will also provide an accountability process with periodic reporting for organisations that choose to endorse the Charter, on actions undertaken, challenges faced and lessons learned.

The regional multi-stakeholder dialogue in South-East Asia and the Western Pacific region was held on 16 June, thanks to the support of Access Accelerated and Takeda, and gathered almost a hundred participants and panellists. Panellists included Datuk Dr. Noor Azmi Ghazali, Deputy Minister of Health of Malaysia; Dr. Mario Villaverde, Undersecretary of Health of the Philippines; Ms. Michelle Erwee, Global Head of Access to Medicines from Takeda; and Dr. Palitha Abeykoon, Senior Advisor of the Sri Lankan Ministry of Health and WHO Director-General's Special Envoy on COVID-19 Preparedness and Response. The dialogue also had the participation of directors and board members of the South-East Asia NCD Alliance, representatives from APCAT Media (Asia Pacific Media Network to end TB & tobacco and prevent NCDs), NCD Child of New Zealand, the National Cancer Society of Malaysia, the UNICEF Young Health Programme (YHP), PATH Vietnam, the George Institute for Global Health India, the Philippine Association of Patient Organisations, and the Fred Hollows Foundation.

During this dialogue, panellists highlighted the importance of using the COVID-19 crisis as an opportunity to re-shape the health system. Low- and middle-income countries in the region were severely affected during the pandemic, and multi-stakeholder alliances were crucial to overcoming barriers and giving medical attention to people living with NCDs. This multi-stakeholder strategy should be amplified and implemented after the pandemic as well. This is the case of the work between Takeda and the government of Vietnam, who developed a programme for the early diagnosis of haemophilic patients. In Malaysia and India, technology and telemedicine were used during the pandemic to improve access to health services, proving them to be high impact tools that can play a part in building back better.

It was also remarked that the health crisis made certain challenges more evident in the region, such as a lack of investment in the health sector and affordability of medicines. Such issues must be addressed to create a sustainable healthcare system. Governments such as the Philippines are working to create stronger laws that guarantee funding for universal health coverage (UHC).

In this context, meaningful involvement and the NCD response are quite new in many countries in the region, such as Vietnam and Malaysia, and therefore require more prioritisation. For this, youth participation and formalisation of new patient organisations were highlighted as an area of opportunity that could be explored through leadership and shared experience programmes.

Finally, during the dialogue there was a strong remark on the importance of accountability and of information. In these regions, achieving health literacy and access to information about healthy products and environments is a challenge. Moreover, companies aren't accountable for creating healthier products. In this area, meaningful involvement has a huge opportunity to create monitoring programmes and capacity building strategies that can contribute to building strong leadership in the region.

Introduction

Noncommunicable diseases (NCDs) are the leading cause of death and disability in the world. NCDs impact families and communities by cutting lives short, disabling, impoverishing, and fuelling stigma and discrimination. Despite the establishment of global targets for action on NCDs, progress on NCD prevention and control at the regional and national levels has been insufficient and uneven. The COVID-19 pandemic and the associated vulnerabilities of people living with NCDs have further highlighted the acute risks of failure to effectively address the NCD burden in the South-East Asia and Western Pacific region, which also impacts the achievement of UHC and Sustainable Development Goals (SDGs) at large.

Within this context, people living with NCDs are a critical enabler of a strong NCD response, as part of a strong civil society community and as active protagonists in shaping their own health and ensuring that NCD policies, programmes, and services are effective and appropriate for the beneficiaries they are meant to be serving. Their meaningful involvement, along with the active participation and commitment from different sectors such as governments and private sector, are basic key elements to start transforming our health systems.

Within both regions, national approaches to NCDs and health systems are widely varied. For some countries, such as Vietnam, NCD treatment and prioritisation is relatively new; therefore, funding is still a challenge. However, the government has successfully implemented multi-sectoral projects that put people at the centre. Other countries, such as the Philippines, are working towards UHC to guarantee access to medical treatment for all, although the country still struggles with achieving adequate supply chains for medicines. Still other countries, such as India, were more resilient to the first wave of COVID-19 but struggled during the second wave.

During the dialogue, it was highlighted that the South-East Asia region is aiming towards economic growth and development but with low prioritisation to NCDs, as seen in the discussions relating to Malaysia, where it was highlighted that the country struggled with the implementation of an NCD response. Moreover, in both regions, low- and middle-income countries struggle more in treating COVID-19 and guaranteeing medical attention for people living with NCDs, while higher-income countries in the region had more invested in health services, and community-based projects were better able to respond to the pandemic.



Despite the differences in the healthcare systems in the South-East Asia and Western Pacific regions, the COVID-19 pandemic represented a major challenge that frequently prevented people from accessing medicines and treatments and impeded the early detection of some NCDs. Dialogue participants agreed that for creating more resilient and sustainable health systems, with adequate funding and high-quality care, it is important to unite voices at all levels of society and promote meaningful involvement of people living with NCDs.

Within this context, the regional multi-stakeholder dialogue in the South-East Asia and Western Pacific regions aimed to:

- Take stock of NCD progress achieved and challenges faced at regional level within the current COVID-19 context;
- Discuss the value of adopting people-centred approaches to addressing NCDs and explore the role that different stakeholders such as governments, multilaterals, relevant private sector¹ 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;
- Review key remarks and quotes from opening speakers and other sessions;
- Facilitate the development of a common vision and a shared purpose across sectors and stakeholders, acknowledging their different drivers and potential enablers to embed meaningful involvement of people living with NCDs in organisational practices.

During the introductory sessions, Dr Monika Arora, the NCD Alliance President-Elect and Chairperson of the South-East Asia NCD Alliance, mentioned that COVID-19 had impacted all healthcare systems and caused a major disruption to all medical services in the region, particularly those needed by people living with NCDs. However, she emphasised that, “We now need to build back better and fairer, and in order to do that we need to put people first, to put them at the centre.” Dr Arora insisted that “for having healthcare systems and medical attention fit for purpose, we need to value and include the voices of people living with NCDs and their experiences in order to build more resilient healthcare systems”. She highlighted that people living with NCDs are the experts and they are the best source of information to shape the system. Therefore, the South-East Asia and Western Pacific regional dialogue focused on what meaningful involvement means, the different strategies for its implementation, and the challenges faced when implementing it.

In this context, Shobha Shukla, Managing Editor at Citizen News Service (CNS) and Coordinator of APCAT Media (Asia Pacific Media Network to end TB & tobacco and prevent NCDs), said that “During the COVID-19 pandemic, we have lost health and lives, but we can’t lose the difficult lessons. The right to health must be the central driver and no one should be left behind.” With this in mind, she mentioned that the South-East Asia and Western Pacific regional dialogue would examine how to promote meaningful involvement, taking into account the different perspectives of diverse sectors. The dialogue would also allow participants to learn from successful models and projects that different stakeholders have implemented to promote meaningful involvement.

[The NCD Alliance regional multistakeholder dialogue in the South-East Asia and Western Pacific region was organised with the support of Access Accelerated and Takeda.]

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.

Keynote address

Speaker	Roles
Datuk Dr Noor Azmi Ghazali , Honourable Deputy Minister of Health of Malaysia	Reflections on how the pandemic has been a 'lightbulb moment' for public and political perception of the importance of investing in NCDs and prioritising the needs of people living with NCDs as part of the national COVID-19 response in Malaysia.

Overview

Datuk Dr Noor Azmi Ghazali talked about how the COVID-19 health crisis revealed the inequity and other flaws of healthcare systems in the region. According to Dr Noor Azmi, this crisis is also a learning opportunity that has shown us the importance of strategic communication and technology to improve access, the importance of strategic investment for disease prevention, and that we can work together and learn from each other to innovate our health systems.

Key messages

The COVID-19 pandemic deeply and negatively affected healthcare systems in the region. It revealed the importance of having resilient and accessible health services. During COVID-19, digital technology was used to improve access, creative collaboration networks were created between public and private health services, and people acquired better health and hygiene practices, thus making this crisis a learning experience. Another relevant lesson was learned regarding the importance of a people-centred approach to healthcare and of integrated care that focuses on providing a better quality of life rather than focusing only on the disease. To achieve this, health should be included in all policies and working spaces within and beyond the government, including the private sector and civil society organisations. Finally, it is also necessary to manage conflicts of interest, thereby improving transparency regarding investment in the health sector.

Main themes

- COVID-19 disproportionately affected people living with NCDs and had a strong economic impact as well;
- The importance of investing in NCD prevention and creating more resilient health systems;
- Lessons learnt from COVID-19, use of digital technology, strategic communication and creation of collaborative networks.

Recommendations

- Implement more digital technology to improve access to services for people living with NCDs;
- Use strategic communication to guarantee that communities aren't misinformed, and have all the information communities need to make decisions and guide national health policies;
- Promote a people-centred approach to healthcare and highlight that the contributions of all members of society are needed, including governments, civil society, people living with NCDs, academia and the private sector.

“Putting people first means to listen, to give them clarity and to let them feel valued and cared for.”

“In this crisis, either consciously or unconsciously, we have developed people-centred approaches and we have maximised the use of limited resources.”

Speaker	Roles
Dr Palitha Abeykoon , Former Director of Health Systems Development, WHO South-East Asia Regional Office; Senior Advisor at Sri Lankan Ministry of Health, and WHO Director-General's Special Envoy on COVID-19 Preparedness and Response	Reflections on how the COVID-19 pandemic has showcased the importance of exploring people-centred models for NCDs in light of regional contexts and recovery efforts.

Overview

Dr Palitha Abeykoon addressed the many challenges caused by COVID-19 but also showcased the different strategies that countries implemented as part of their NCD response. Technology, communication, and prevention have been among the tools and strategies that governments in the region have used, thus transforming COVID-19 into an opportunity to improve healthcare services.

Key messages

COVID-19 was a bigger burden for people living with NCDs, the crisis prevented them from accessing medical care, and mental health conditions were exacerbated during confinement. Countries that had more private health services and community networks were better prepared to respond to this health crisis. However, during this terrible time, various countries were able to adapt policies to aid people living with NCDs: technology, and especially telemedicine were used to reach patients and substitute face-to-face appointments; community programmes to detect and prevent NCDs were regular; in places such as Nepal, India, Bhutan and Thailand, the government worked with civil society organisations to prevent and treat mental health conditions; strategies to prevent the consumption of alcohol and tobacco were also implemented; and online capacity building was offered for healthcare professionals. These lessons show us how to transform a crisis into an opportunity and how to put people at the centre of health strategies.

Main themes

- Vulnerabilities of the healthcare system that were exposed through COVID-19, and how people living with NCDs were affected the most;
- Importance of having systems in place for disease prevention and detection;
- Relevance of multi-sectoral approaches and strategies;
- Inequitable healthcare system that puts a heavier burden on vulnerable sectors.

Recommendations

- Implement technology to prevent and treat diseases (i.e. telemedicine, communication and monitoring tools)
- Invest in prevention of diseases (i.e. implement policies to lower the consumption of tobacco and alcohol)
- Assure vaccine equity as part of a human- and people-centered healthcare system.

“COVID-19 offers us the opportunity to give more protagonism to people living with NCDs and to civil society to strengthen leadership and to create more resilient systems.”

“Vaccines are an example of our inequitable healthcare system. In some countries not even one person has received the COVID-19 vaccine, while in others most of the population has been vaccinated.”

Speaker	Roles
Fale Andrew Lesā , Policy Consultant at Asian Development Bank, Board member of NCD Child, Leukaemia and Blood Cancer New Zealand, Diabetes New Zealand Foundation, Kidney Health New Zealand	Reflections on why people and communities must be centre-stage in building back better and how we can ensure their meaningful involvement.

Overview

Fale Andrew Lesā focused his presentation on how health system failures were showcased in the region during the COVID-19 pandemic, primarily in regard to investing in NCD prevention and health crisis management, despite evidence from previous years. He added that this moment has proven that structural changes are needed, and that one key strategy for this is the participation and meaningful involvement of youth, since most NCDs start at a young age or can be prevented through healthy habits that should be learned from early childhood.

Key messages

Disease prevention is one of the key elements in improving healthcare systems and providing high-quality medical care to people living with NCDs. Prevention starts from a young age; therefore, capacity building and information are crucial for making structural changes and giving our youth a space for advocacy and meaningful involvement. Many unhealthy habits like smoking or health problems, such as mental illnesses, start at a young age. This means that many efforts for building back better should be focused on young people. They are the biggest asset of governments, and through them we have an opportunity to create young leaders that have the information, the preparation and the tools to change laws, demand people-centred health systems, and stop preventable diseases and deaths.

Main themes

- Importance of disease prevention in younger groups;
- Youth advocacy and leaderships programmes;
- People-centred recovery means giving hope back to communities and helping them to believe in their health system again;
- Returning dignity to health services.

Recommendations

- Promote youth advocacy: create youth leadership programmes that have capacity building aspects and that can offer the opportunity to have an impact and influence public health policies.

“Meaningful involvement is about long-term partnerships and not about short-term assignments.”

“Building back better means leaving no one behind and having as a priority the most vulnerable ones.”

PANEL DISCUSSION 1

Shaping the future of NCDs by putting people first

A regional perspective on the importance of community-driven approaches



Medical students listen to their tutor in India, during a project in support of education for the poor.

Speaker

Dr Saunthari Somasundaram, Chairperson, NCD Malaysia; President of the National Cancer Society of Malaysia

Overview

Dr Saunthari Somasundaram started by explaining that Malaysia had been working on a framework for NCDs during the past years, but there were challenges regarding the implementation of that framework, within the government as well as the rest of society. She added that the country lacked an operational multi-sectoral plan for addressing NCDs, which were already the main cause of death in the region and investing in disease prevention wasn't one of the government's priorities. Within this context, COVID-19 became the problem that collapsed the health system, not only in Malaysia but also in other countries. However, COVID-19 was also the reason why civil society organisations (CSOs) rose to fill the gap and develop people-centred approaches to help people living with NCDs.

Key messages

CSOs have had a crucial role in Malaysia for filling in the gaps and providing support to people living with NCDs, who are facing a double burden from COVID-19 and are at a higher risk of severe symptoms or death. Strategies implemented range from setting up dedicated hotlines for patients to address their fears regarding COVID-19 and their disease, reorganising appointments and easing travel for patients, acting as a conduit between private and public healthcare by providing diagnoses and decreasing waiting times, and health promotion through various platforms. CSOs have always offered support services, but during this crisis they had to be reinvented to amplify voices and reach more people. Finally, CSOs have also monitored health policies, such as those on tobacco control, to ensure that they are being implemented.

Main themes

- The COVID-19 pandemic came at a moment when the health system in Malaysia was inequitable, and under-funded;
- The role of CSOs as intermediaries between people living with NCDs and private and public healthcare services.

Recommendations

- Increase the investment in healthcare systems and give priority to NCD care, guaranteeing access to medicines and treatments, but mainly focusing funds on prevention;
- Re-evaluate healthcare processes to ensure they are people-centred and improve them to make sure no one is left behind;
- Ensure COVID-19 vaccination represents the equity we want to see in health systems.

“During the COVID-19 pandemic, people with NCDs felt more vulnerable, not only because they stopped receiving their treatments, but when they were able to attend their medical appointments they felt at a higher risk of getting COVID-19, or even worse, they felt they were consuming resources that should be used for the pandemic.”

“Pandemics will be here to stay in different reiterations. NCDs are not a sprint but a marathon, so we need to re-evaluate our healthcare processes and we need to build stronger primary healthcare.”

Speaker

Jyotsna Govil, Our Views, Our Voices Global Advisory Committee member/Governing Board, Healthy India Alliance

Overview

Jyotsna Govil began by remarking that the COVID-19 pandemic brought out the best and the worst of people and the health system. Though inequalities were exacerbated, she added that technology and support organisations were allies for reaching people living with NCDs through volunteers. She highlighted that this health crisis has been an opportunity to reinvent programmes and strengthen ties between organisations and people living with NCDs.

Key messages

COVID-19 represented a big challenge for health systems but also for the existing programmes for people living with NCDs. Telemedicine and technology were the tools used by the cancer emotional support programme of the Healthy India Alliance. They began using different apps to get in touch with people and make sure that they attended their appointments with doctors. Moreover, the pandemic represented an opportunity to strengthen collaboration networks between organisations and create educational programmes and training sessions for them. This is how the Healthy India Alliance has tried to promote participation and meaningful involvement through their programmes.

Main themes

- Inequalities in the healthcare system within each country, and how these inequalities were exacerbated by COVID-19;
- Technology and community based programmes, as tools for meaningful involvement and for transforming health systems;
- Need for an alliance of people living with NCDs in the region.

Recommendations

- Continue using technology to improve access, such as telemedicine;
- Recognise mental health conditions, their increased prevalence during the pandemic, and the importance of their treatment;
- Strengthen collaborations and alliances made during the pandemic.

“Nobody is a single disease person. What happens to one person with NCDs usually happens to a lot of people. We can no longer work isolated; if we want a change, we must work together.”

“Telemedicine has played a huge part in every country of our region, and that is true for India as well.”

“We used the COVID-19 lockdown period to build our own collaborations and we talked to different organisations to try and build special educational packages to build up the training that every organisation needs.”



Speaker

Dr Mario Villaverde, Undersecretary of Health in the Philippines

Overview

Dr Mario Villaverde discussed how the COVID-19 pandemic highlighted the need for a universal health coverage law in the Philippines. The pandemic highlighted inequalities that this new law must try to address. For instance, it includes an expansion of the social health coverage and includes all NCDs; it also mentions the funding sources for this coverage, which include taxes on tobacco, alcohol and sugar-sweetened beverages and taxes on other sectors, such as gambling and lottery. For the creation of the law, a participatory consultation was made and the voices of citizens, specialists, and civil society were all heard.

Key messages

The COVID-19 pandemic highlighted the importance of implementing the universal health coverage law in the Philippines, particularly for the prevention and control of NCDs. Social health coverage must expand to include all NCDs, and to ensure that everyone receives the medical attention, treatments and medicines they need. It is imperative to provide preventive strategies and environments to stop the NCD pandemic in the region, and to promote participation and meaningful involvement in the creation of laws and policies related to health to ensure that no one is left behind.

Main themes

- Importance of UHC and a law that supports it;
- Sufficient funding for health systems;
- Prevention environments for NCDs.

Recommendations

- Ensure participatory processes in law-making;
- Guarantee that sufficient funding is granted for health services;
- Ensure that citizens participate in monitoring the implementation of laws.

“It is important to prioritise the needs of people living with NCDs to prevent a further burden in the healthcare system.”

PANEL DISCUSSION 2

Exploring solutions to mobilise communities in South-East Asia and Western Pacific for a people-centred response for NCDs in the COVID-19 context

Speaker

Dr Vivekanand Jha, Executive Director at The George Institute for Global Health India

Overview

During his intervention, **Dr Vivekanand Jha** highlighted the importance of evidence and information for strengthening communications strategies and messages to be able to include all sectors in shaping health systems, including the private sector. He emphasised the importance of investment in medical services and how a multi-sectoral approach to meaningful involvement can truly have an impact on the system.

Key messages

Participatory action research was the main topic of Dr. Jha's presentation, and he highlighted the importance of data and evidence in developing strategic communication to gain support from all sectors, particularly the private sector. In this context, the private sector is key to achieving financial success in health systems, and this success means coverage for all. The private sector should see healthcare as an investment in their company's productivity and a core part of their business models. This sector has unique opportunities to shape the healthcare system and propose innovative ways to solve problems. With this in mind, the George Institute for Global Health in India focuses on participatory action research, working closely with the private sector to implement solutions through concrete actions. For instance, they have worked on areas such as healthier food with the food industry and the promotion of active healthy living with the transport industry. In order for these changes to occur, monitoring with clear metrics and transparency regarding investments in the health sector are essential. In this regard, meaningful involvement of people living with NCDs is necessary, not only to monitor investments, but also to help create strategic messaging that is based on evidence so that all stakeholders choose to take part in transforming the health system.

Main themes

- Relevance of evidence, research and strategic communication to gain private sector support (participatory action research);
- Importance of financial success and investment in the health system to achieve universal health coverage;
- Importance of monitoring with clear metrics and financial transparency;
- Multi-stakeholder approach needed in projects (e.g. participation of the academic sector, and the private sector in evidence-based programmes to make healthier products).

Recommendations

- Use evidence and data to create strong, high impact messages for stakeholders. For instance, showing how NCDs affect employee productivity and how investing in disease prevention is more profitable for companies;
- Demonstrate to the private sector that investing in NCD prevention is good for their businesses;
- Demand monitoring systems and transparency in finances to ensure that money goes where it is needed;
- Meaningfully involve people living with NCDs, learn from their experiences and use their knowledge for creating communication strategies and messages.

“We have to share the message that what is good for society is good for all, for governments, for companies and for every single person.”

“We need to have the evidence and show it to private companies, and tell them that investing in health and disease prevention is investing in productivity in the long run.”



Dr Sarah Al-Obaydi talks to a mother during a mobile health clinic round in rural Iraq.

Speaker

Dr Le Thi Thu Hien, Programme Director at PATH Vietnam

Overview

Dr Le Thi Thu Hien highlighted the context of NCDs and NCD care in Vietnam. She noted that during COVID-19, people living with NCDs were the most vulnerable and faced a double burden due to the lack of treatments and the increased risk that COVID-19 presented for their health. In this context, with two clear examples of projects, she talked about the importance of multi-sectoral approaches for promoting meaningful involvement of people living with NCDs and for developing community-based projects.

Key messages

NCD awareness is relatively new and therefore limited in Vietnam, and public funding to the prevention and care of NCDs is also limited. PATH has implemented a series of multi-sectoral programmes that aim to support people living with NCDs and promote their meaningful involvement. Through the Communities for Healthy Hearts programme, they have developed intervention models for community engagement and improved accessibility to monitoring of cardiovascular diseases and their risk factors, such as hypertension. Through this programme, in Ho Chi Minh City, they have installed free community check-points where people can monitor their health; for instance, they can check their blood pressure levels. Another example is the Transforming the NCD Response programme, which started in 2019 and builds on lessons learned to gain engagement from different sectors in order to transform the health system and improve health outcomes for people living with NCDs.

Main themes

- Participation from all sectors is needed to tackle NCDs (private sector, governments, civil society and people living with NCDs);
- Multi-sectoral partnerships can improve the NCD response and develop innovative ways to prevent NCDs and place people at the centre of the NCD response;
- Efficient use of resources is essential, due to the limited funding that most countries have available.

Recommendations

- Create community-based projects and search for the support and engagement of diverse stakeholders;
- Focus on NCD prevention to avoid placing additional burdens on health systems.

“Efforts should complement rather than conflict with each other.”

“Multi-sectoral partnerships can improve the response and find innovative ways to improve prevention. Moreover, community volunteers are a key pathway to give more access to health.”

Speaker

Michelle Erwee, Global Head of Access to Medicines, Takeda

Overview

Strategic alliances and collaboration between different sectors were the main theme discussed during **Michelle Erwee's** intervention. She highlighted the different strategies and programmes that pharmaceutical companies have implemented together with governments in the Philippines and Vietnam to ensure access to medicines, treatments and a timely diagnosis for people living with or at risk of NCDs. These programmes show that alliances between different stakeholders are a key for bringing medical attention to all.

Key messages

Through different alliances in the region, pharmaceutical companies, particularly Takeda, have worked to guarantee access to medicines and treatments for people living with NCDs, and ensure early diagnosis. With the Ministry of Health in Vietnam, they signed a Memorandum of Understanding to accelerate diagnosis and treatments for patients with haemophilia and immune deficiencies. This included capacity building for health professionals, improvement of the framework for access to medicines, and leadership programmes for people living with NCDs. Another programme was developed with the Government of Vietnam to work on challenges in the distribution channels of medicines through strategic alliances with regional and local governments to ensure that medicines were legally available to people living with NCDs. Finally, the pharmaceutical sector has also worked on affordability programmes to ensure that people can receive their medicines and pay what they can, based on their financial status. All these examples show the importance of strategic alliances with the private sector in order to expand the capacities of public health systems.

Main themes

- Private sector, especially pharmaceutical companies, are crucial for achieving Sustainable Development Goals (SDGs) related to health and obtain UHC;
- Affordability is one of the main challenges in health systems, and we need strategic alliances to strengthen health systems and ensure their sustainability;
- A multi-stakeholder approach and meaningful involvement of people living with NCDs are required to understand people's needs, create more dignified health systems, and ensure access to treatments and medicines.

Recommendations

- Work together with the private sector including pharmaceutical companies to guarantee access to treatments and medicines for all;
- Gain support and commitments from all sectors of society to strengthen the health system and achieve the SDGs for 2030.

“One government and one company alone can't do everything to address these challenges. We are committed to work as an alliance to succeed and bring health to all.”

“The private sector and, particularly, pharmaceutical companies are crucial for achieving Sustainable Development Goals related to health and ensuring universal health coverage. We should be considered as allies that can work with local communities and governments.”

Speaker

Maria Fatima Garcia-Lorenzo, President of the Philippine Alliance of Patient Organizations (PAPO)

Overview

Belonging to an organisation for formalising participation and having access to capacity building programmes was the main topic during **Fatima García-Lorenzo's** presentation. Through formally registered organisations, meaningful involvement is possible since governments and stakeholders in the region are open to working with them. She added that these groups offer the opportunity for participation, engagement, networking and sharing experiences, thus making meaningful involvement a reality.

Key messages

Belonging to an organisation or a participation group allows people living with NCDs to have the opportunity to share their experiences, build capacity for advocacy and leadership, and gain access to decision making processes. Participation groups facilitate meaningful involvement in order to have an impact in the healthcare system since governments and stakeholders in the region are willing to work with them. The Healthy Philippine Alliance, with more than 18 organisations, works to protect the health rights of people living with NCDs, maintain laws on tobacco control, and monitor different laws and policies such as those related to access to health services. Moreover, this alliance works to inform authorities and decision makers about the challenges that people living with NCDs face. These experiences have demonstrated that greater meaningful involvement of people living with NCDs in health policy making can happen through participation group. These groups also offer opportunities to learn about specific NCDs, and provide access to capacity building workshops.

Main themes

- Importance of participation groups for meaningful involvement, capacity building and engagement with stakeholders;
- Networking between organisations strengthens ties and projects: newly formed organisations can learn a lot from more experienced organisations in terms of advocacy and communications strategies, and can gain allies for their cause.

Recommendations

- Create participation groups to engage in decision making processes in the region;
- People living with NCDs should consider joining to these groups since they would have increased access to capacity building programmes and can make an impact on their national health policies;
- Experienced groups of patients and alliances should work to help new groups and give them the tools and strategies needed.

“Having expert leaders from mature organisations talking to start-up leaders from new patient organisations is a recommendation to move the NCD advocacy forward and address COVID-19 issues in South-East Asia and the Western Pacific region.”

FIRESIDE CHATS

Showcase community-driven innovation

During the fireside chats, participants discussed approaches to achieve meaningful involvement and different perspectives that could be considered. Participation from young leaders, citizen consultation for policy making, and improving access to health services and information for the most vulnerable people were some of the main topics discussed during these sessions.

Speaker

Margianta Surahman, Young Leader Consultant, UNICEF/YHP Programme

Overview

During his intervention, **Margianta Surahman** highlighted the importance of meaningful youth participation and their role in advocacy, and in promoting structural and behavioural changes. Every year, NCDs become a more prevalent health issue among young people, and this is mainly due to poor decisions or lack of information about healthy habits. However, it is also caused by unhealthy environments that aren't being addressed by health policies. He noted that there is a need for structural changes – not just for promotion of healthier habits – and for those changes to happen, we need strong leadership and advocacy from young people who demand that unhealthy products be made less accessible. Moreover, we need all members of society to be accountable and responsible for the role they have to play: for example, people need to inform themselves and choose healthy habits, but companies need to produce healthier products, and governments need to create better and stronger health policies to demand that do not allow for prioritising profits over health.

Key messages

Beyond promoting healthy habits, we need capacity building to have more informed and responsible consumers in our region who can promote structural changes. We should stop prioritising economic benefits and start putting health and common good first. Laws and policies should change through advocacy, research and meaningful involvement of young people. The key for involving young people is a multi-sectoral approach, since there is no one-size-fits-all solution and diversity is needed in community participation. We have to work to promote accountability in all sectors, including the private sector, since they are responsible for producing healthier products.

“Health isn't an interest for some people; it is a common interest for everyone.”

“Health is a public need, not a commodity, so we need to always choose health over profits.”

Speaker

Brandon Ah Tong, Head of Policy and Advocacy, Fred Hollows Foundation in Australia

Overview

More than 2.2 billion people in the world suffer from an eye condition, and of these people more than 1.2 billion require medical attention and 43 million are blind. South-East Asia and the Western Pacific region are places with a high prevalence of eye conditions. Within this context, information is lacking about eye health. Furthermore, there are equity problems, since women, girls, indigenous communities, people living in remote areas, and people living with NCDs are less likely to receive the appropriate medical attention for their eye health problems. During the COVID-19 pandemic, eye treatments and surgeries were stopped, putting people living with diabetes and people living with existing eye health problems at a higher risk of complications. Moreover, for people living with eyesight problems or blindness, the confinement placed a heavier burden on them due to social distancing, the lack of care partners that helped with day-to-day tasks, and the inability to use touch when communicating. This situation called attention to the need for increased accessibility to health services and information, more ways for people living with NCDs to be heard and their voices taken into account, and greater access to participatory pathways where healthcare challenges are met through multi-sectoral collaboration.

Key messages

Inequity is a big challenge for eye health, and the most vulnerable people are more susceptible to having eye problems and not receiving medical attention. The COVID-19 pandemic was a bigger burden for people living with eye conditions since confinement denied them access to health services and information, and isolation prevented them from having the support they need in their daily lives. We need to build back better by providing easier access to health services and ensuring resilience to future health crises. To achieve this, we must listen to people living with eye conditions and NCDs.

“We have an opportunity to rethink how we create laws: How can we focus on people? How can we improve accessibility to places and information? And how can we make this accessibility more resilient to health crises?”

Next steps

During the South-East Asia and Western Pacific regional dialogue, the conversation focused on challenges for meaningful involvement, the diverse opportunities and tools that different sectors present to promote community-based and people-centred projects, the role that all sectors have to play in shaping the healthcare system and making it more equitable, and the outcomes and lessons learned from the COVID-19 pandemic.

Participants fully agreed that the COVID-19 pandemic affected the health systems of the South-East Asia and Western Pacific regions and prevented people living with NCDs from getting their treatments, medicines and needed support. Therefore, this pandemic was a double burden for people living with NCDs, since they were also a more vulnerable population in front of COVID-19. Problems such as lack of funding, non-prioritisation of NCDs, lack of information about NCDs, healthy habits and healthy products, and prioritisation of economic benefits over health, were highlighted during the dialogue.

However, the COVID-19 crisis can also be seen as an opportunity to reshape the healthcare system and to put people first and at the centre of decision-making processes. Some of the opportunities that were presented were:

- Continue using technology as a tool to connect with patients, track diseases and share information about healthy habits, NCDs, and treatments.
- Formalise participation of people living with NCDs through the creation of organisations that have a governance structure, common goals, an agenda and a network of supporters. More experienced organisations should be able to share knowledge and experiences with new organisations.
- Use data and evidence from research to create high-impact messages and communications strategies to communicate with the private sector about how investing in health could bring profit to their business and increase their productivity. Always include the voices and experiences of people living with NCDs to create these messages.
- Foster and strengthen alliances and networks created during COVID-19 pandemic that aimed to guarantee access to medicines and treatments. Clear examples were made on how collaboration between the private sector, governments, civil society and people living with NCDs can help create a more dignified health system.
- Promote accountability from all sectors of society: governments must comply with policies to create healthy environments that prevent NCDs, companies must create healthier products, and people living with NCDs must get informed about their diseases, treatments and ways they can help others through experience and knowledge.
- For building back better, access to health services and information should be considered so that no one is left behind, even during a health crisis.
- Young people must be meaningfully involved in health policy making and NCD prevention initiatives. Through capacity building, networks, and leadership programmes, young people can play a key role in shaping the future.

In general, the South-East Asia and Western Pacific regional dialogue helped to build momentum and commitments from the different sectors in the region to make a real impact on health systems but also in the lives of people living with NCDs.

Conclusions

This outstanding regional dialogue had the participation of two Ministries of Health (from the Philippines and Malaysia), a special envoy from the WHO South-East Asia regional office along with high-level representatives from the private sector and different health organisations. It presented the commitments from governments, health companies and civil society to work together for meaningful involvement of people living with NCDs; showcasing that health inequalities are a topic that should concern us all.

During the closing sessions, Shobha Shukla, Managing Editor of Citizen News Service (CNS) and Coordinator of APCAT Media (Asia Pacific Media Network to end TB & tobacco and prevent NCDs) remarked that, "These conversations gave hope of a healthier tomorrow despite COVID-19." She insisted that the impact from COVID-19 would have been weaker if we had more resilient and people-centred public health systems. "These are the seeds of our own destruction for not having universal healthcare systems as a human right to health," she said. As highlighted during the regional dialogue, Ms Shukla stated that people living with NCDs suffered a double burden during the pandemic: NCD care was interrupted, and they were more vulnerable to severe COVID or death due to their co-morbidities.

In this pandemic, Ms Shukla highlighted, we have learnt that countries that have invested in health, that have community-based projects for medical attention, that have better medicine distribution channels, and that put people at the centre, have more resilient healthcare systems, and a resilience that is built over years of work.

However, not everything is lost. Ms Shukla said that, "We now have the opportunity to rebuild, to make things better through a health system where no one is left behind and that is ecologically sustainable." She reflected that such a health system must also ensure that women, who are usually the caregivers and often neglect their own medical needs, are also included, and are part of decision-making processes. To achieve this, "We have to make people a part of the solution and of the decision-making process. We need to integrate communities and their voices."

ANNEX

Session outline

NCD Alliance regional multistakeholder dialogue in the South-East Asia and Western Pacific region, June 16 2021.

Time (CEST)	Speakers	Description
08:00 - 08:05	Dr Monika Arora NCD Alliance President-Elect, Chairperson of South-East Asia NCD Alliance, Executive Director HRIDAY (Secretariat of Healthy India Alliance - HIA).	Welcome and introductory reflections from NCD Alliance
08:05 - 08:10	Moderator Shobha Shukla, Managing Editor of Citizen News Service (CNS), Coordinator of APCAT Media (Asia Pacific Media Network to end TB & tobacco and prevent NCDs)	Context and goals of the regional dialogue.
08:10 - 08:16	Datuk Dr Noor Azmi Ghazali Deputy Minister of Health of Malaysia	Reflections on how the pandemic has been a 'lightbulb moment' for public and political perception of the importance of investing in NCDs and prioritising the needs of people living with NCDs as part of the national COVID-19 response in Malaysia.
08:16 - 08:22	Dr Palitha Abeykoon Former Director of Health Systems Development, WHO Director-General's Special Envoy on COVID-19 Preparedness and Response, and Senior Advisor Sri Lanka Ministry of Health	Reflections on how the COVID-19 pandemic has showcased the importance of exploring people-centred models for NCD services in light of regional realities and recovery efforts.
08:22 - 08:28	Fale Andrew Lesā, Policy Consultant of the Asian Development Bank, Board member of NCD Child, the Leukemia and Blood Cancer New Zealand, the Diabetes New Zealand Foundation, and Kidney Health New Zealand	Reflections on why people and communities must be centre-stage in building back fairer from the COVID-19 pandemic and how to ensure social participation / meaningful involvement.

PANEL DISCUSSION 1

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

08:28 - 08:34 **Dr Saunthari Somasundaram**

Chairperson of NCD Malaysia and President of the National Cancer Society of Malaysia

08:34 - 08:40 **Jyotsna Govil**

Our Views, Our Voices Global Advisory Committee member and Governing Board of the Healthy India Alliance

Dr Mario Villaverde

Undersecretary of Health in Philippines

Fireside chat with participants

08:40 - 09:07 **Margianta Surahman**

Young Leader Consultant of the UNICEF/YHP Programme

Showcase community-driven innovation

PANEL DISCUSSION 2

Exploring solutions to mobilise communities in Latin America and the Caribbean for a people-centred response to NCDs in the COVID-19 context

09:07 - 09:13 **Dr Le Thi Thu Hien**

Programme Director of PATH Vietnam

09:13 - 09:19 **Michelle Erwee**

Global Head of Access to Medicines of Takeda

09:19 - 09:25 **Dr Vivekanand Jha**

Executive Director of The George Institute for Global Health India

09:25 - 09:31 **Maria Fatima Garcia-Lorenzo**

President of the Philippine Alliance of Patient Organizations

Fireside chat with participants

09:31 - 09:55 **Brandon Ah Tong**

Head of Policy and Advocacy of the Fred Hollows Foundation, Australia

Recap the perspectives shared by panellists and provide recommendations to take approaches discussed forward in South-East Asia and Western Pacific

09:55 - 10:00 **Shobha Shukla**

Managing Editor of Citizen News Service (CNS), and Coordinator of APCAT Media (Asia Pacific Media Network to end TB & tobacco and prevent NCDs)

Wrap up panel and conclusions



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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