



THE EAST AFRICA CIVIL SOCIETY NCD CHARTER

FROM COMMITMENT TO ACTION: ACCELERATING THE NCD RESPONSE IN EAST AFRICA

13–15 JUNE 2014

On 13–15 June 2014, an East Africa NCD Stakeholder Meeting was held in Entebbe, Uganda. The meeting convened a wide range of representatives from governments, alliances, NGOs, academia and private sector committed to accelerating the response to non-communicable diseases (NCDs) in the East Africa Community countries of Burundi, Kenya, Rwanda, Tanzania including Zanzibar, and Uganda. It was organized as part of the East Africa NCD Alliance Initiative, which is led by the NCD alliances of Uganda, Tanzania, Zanzibar, Kenya, and Rwanda, in partnership with the Danish NCD Alliance, the global NCD Alliance, and three universities (University of Southern California Institute for Global Health, Office of Global Health, Department of Internal Medicine, Yale University and Center for Global Health, Aarhus University). The Initiative aims to promote regional cooperation between the East Africa NCD alliances by facilitating the sharing of good practices and expanding partnerships, and is funded by the DANIDA Civil Society Fund.

The East Africa NCD Stakeholder Meeting provided an opportunity to present and discuss the new East Africa Civil Society Survey Report on NCDs, which was developed by the East African NCD alliances. The report provides a snapshot of the NCD response in the East Africa Community, from a civil society perspective. Progress was measured using the global NCD Alliance Benchmarking Tool, which focuses on implementation of priority NCD policy objectives. The report highlights gaps and good practices, and provides an evidence-based platform for further action.

Discussion during the East Africa NCD Stakeholder Meeting underlined the increasing burden of NCDs in the East Africa Community, fuelled by increasing vulnerability to the risk factors and the underlying social, economic and environmental determinants. In the East African Community, the linkages between NCDs, communicable diseases and maternal and newborn health are clear, as is the need for integrated approaches to prevention, diagnosis, treatment, care and education. These diseases are undermining sustainable human development in the region, and threatening achievement of the Millennium Development Goals (MDGs). The East Africa Civil Society Survey Report and the Stakeholder Meeting emphasised that despite the evidence and availability of cost-effective solutions, these diseases have not been prioritized on national, regional and global agendas. The Report underscores that while the region has made strong commitments for action and some progress has been achieved, there remain major challenges and gaps in implementation.

For these reasons, the East Africa NCD Stakeholder Meeting developed and endorsed the East Africa NCD Civil Society Charter. This Charter aims to create a sense of urgency within the East Africa Community to accelerate progress at national and regional levels. It represents the shared priorities and views of NCD civil society in East Africa. We believe that urgent and decisive action is needed to improve the lives of people living with or at risk of NCDs in the East African Community. Action is not an option, it is an imperative. The Charter is targeted principally at governments, regional institutions and the global community. It has been developed to inform preparations for the forthcoming United Nations High-Level Review on NCDs in New York on 10–11 July 2014, as well as key regional bodies and institutions including the East Africa Community (EAC), the Africa Union (AU), and WHO Africa Regional Office.

The delegates of the East Africa NCD Stakeholder Meeting:

RECALLED:

- The Abuja Declaration, committing African Union countries to increase government funding for health to at least 15% and urging donor countries to scale up support (2001);
- The UN Monterrey Consensus of the International Conference on Financing Development, committing developed countries to achieve the target of 0.7% of gross national income for ODA by 2015 (2002);
- World Health Assembly Resolution WHA56, Framework Convention on Tobacco Control (2003);
- World Health Assembly WHA57.17, Global Strategy on Diet, Physical Activity and Health (2004);
- The Paris, Accra, and Busan Declarations on Aid Effectiveness, committing donor countries to align aid to developing country national priorities (2005, 2008, and 2011);
- World Health Assembly Resolution WHA61.23 on Prevention and Control of NCDs: Implementation of the Global Strategy, which urges Member States to strengthen national capacity and increase resources for the prevention and control of NCDs (2008);
- The Algiers Declaration on Health Research in Africa, and the Bamako Call to Action on Health Research (2008);
- The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008);
- The Maputo Declaration on Strengthening of Laboratory Systems (2008);
- The Nairobi Call to Action for Health Promotion (2009);
- The Brazzaville Declaration on NCD Prevention and Control in the WHO Africa Region (2011);
- The Moscow Declaration from the First Global Ministerial Conference on Healthy Lifestyle and NCD Control (2011);
- The United Nations Political Declaration on NCD Prevention and Control (2011);
- The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 (2014);
- The East African Community (EAC) NCD Strategy (2014).

RECOGNISED:

- That the global burden of NCDs (namely cancer, cardiovascular disease, chronic respiratory disease, diabetes, and mental and neurological disorders), constitutes a global health and development emergency of the 21st century, undermining social and economic development and affecting all levels of society—national, community, family and individual;
- NCDs disproportionately impact on low- and middle-income countries (LMICs) and represent a significant challenge for sub-Saharan Africa; this is compounded by road traffic injuries. Of the 36 million NCD deaths every year, 80% occur in LMICs. While the NCD epidemic is increasing worldwide, the largest relative increase in NCD deaths globally in the next decade is expected to occur in Africa, where NCDs will become the leading cause of death by 2030. The burden from cancer alone is expected to more than double between 2008 and 2030;
- The major burden of NCDs in East Africa includes cardiovascular diseases (in particular hypertension and rheumatic heart disease), diabetes, cancers, chronic respiratory diseases, haemoglobinopathies (in particular sickle cell disease), mental disorders, violence and injuries, road traffic accidents, disability, oral and eye diseases;
- NCDs and NCD-related mortality occur at younger ages in sub-Saharan Africa than in other regions, impacting on economic productivity, and disrupting social and cultural set ups. Two-thirds of life-years lost and disability-adjusted life years (DALYs) due to NCDs and injuries in sub-Saharan Africa are in individuals younger than 40 years of age;
- The double burden of communicable and non-communicable diseases in the East African Community and the associated disabilities and premature deaths increase pressure on existing vulnerable health systems and national economies. NCDs impede economic growth by impacting on labour productivity, resulting in foregone national income, and entrenching household poverty. The cost of inaction far outweighs the cost of action;
- The full realization of human rights and fundamental freedoms for all is an essential element in the response to NCDs, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to NCDs and prevents stigma and related discrimination against people living with or at risk of NCDs;
- Links between communicable and non-communicable diseases require integrated interventions. Communicable diseases contribute to and exacerbate the NCD burden. For example, TB negatively affects diabetes outcomes; presence of HIV can increase risk of cardiovascular disease and some types of cancer. In fact, one third of cancers in Africa are related to infection, which is twice the global average;
- Maternal nutrition and health during pregnancy and health and nutrition in the first two years of life have a profound impact on the development of obesity, diabetes, CVD and other NCDs in adult life. Malnutrition in early childhood affects NCD outcomes. Stunting, for example, is associated with development of obesity later in life, and affects 40% of children in Africa. Children in East Africa exhibit “nutritional transition” with a significant proportion being underweight, while at the same time the proportion of overweight and obesity is increasing;
- NCDs impact disproportionately on the poor and most vulnerable groups, such as children, women, young mothers, and older people, both directly—these populations have higher NCD rates—and indirectly—women and children share the majority of unpaid labour towards care for an ill or disabled member of the household;
- The conditions in which people live and their lifestyles influence their health and quality of life, and that poverty, uneven distribution of wealth, lack of education, urbanization and slum dwellings, and social and environmental determinants are among the contributing factors to the rising incidence and prevalence of NCDs in East Africa;

- The majority of NCDs can be prevented or significantly delayed. NCDs in East Africa are linked to common risk factors, namely unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol, as well as household air pollution from solid fuels, and in some cases infections. These risk factors are driven in part by trends such as urbanization and the contribution of demographic changes, including increasingly younger populations in Africa;
- Current health systems in East Africa focus mainly on diseases and in silos, rather than promoting the overall health of the population and providing comprehensive integrated primary care for both communicable diseases and NCDs. Strengthening health systems—including public health and health care delivery services—is essential to providing comprehensive prevention, screening, treatment, care and education for NCDs across the life-course;
- The severe shortage and imbalanced distribution of skilled health workers in East Africa is not just an obstacle to tackling NCDs, but also to the delivery of good quality clinical services in general and the achievement of the MDGs;
- As chronic conditions, NCDs require long-term and often lifelong care. Access to essential medicines and technologies is a basic human right for all, yet many people living with NCDs in East Africa are dying for lack of early diagnosis and appropriate care. Up to 30–50% of the sub-Saharan African population lacks sufficient access to essential medicines and technologies;
- The need to work collaboratively and across sectors broader than health, and in partnership with key stakeholders including the private sector and civil society to advance the NCD agenda;
- The current prioritisation of NCDs within national, regional and international resources and budgets is not commensurate with the burden. Approximately 1-2% of US\$31 billion Development Assistance for Health (DAH) in low-income countries is allocated to NCDs.

Therefore, the delegates of the East Africa NCD Stakeholder Meeting urge their respective Governments to commit to unite around the following actions for the prevention and control of NCDs:

- Provide the highest political leadership and commitment to NCDs, including through concerted whole-of-government and whole-of-society action at all levels and across a number of sectors to tackle NCDs;
- Ensure that costed, sustainable, and evidence-based National NCD Plans are funded and implemented, and that national NCD targets and national multisectoral NCD commissions are established, in line with national priorities;
- Integrate NCDs as a priority in national development planning instruments, including National Development Plans;
- Strengthen national health systems, with an emphasis on integrated primary care for both communicable diseases and NCDs and the lifecourse approach, to deliver prevention, treatment and care for NCDs, acknowledging the importance of promoting patient empowerment, rehabilitation, and palliative care for persons of all ages with or at risk of developing NCDs;
- Pursue the progressive realisation of universal health coverage, including financial risk protection, to the prevention and control of NCDs across the continuum of care, particularly for the poorest and most vulnerable populations;
- Strengthen and standardise national health information systems across the East Africa Community to generate disaggregated data by demographic segments on NCD outcomes (mortality and morbidity), their risk factors and determinants through STEPS surveys, and the health system response, and train health staff to capture and utilise this information for NCD health planning;
- Accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC), including by substantially increasing tobacco taxes, increase and harmonise national tobacco tax targets, and ratify the Protocol of Eliminate Illicit Trade in Tobacco Products;
- Protect public health policies from interference by vested interests of the alcohol, tobacco and food industries through comprehensive legislation and enforcement of national laws and policies;
- Implement cost-effective and affordable interventions to reduce exposure to the risk factors of NCDs, including policies, legislation and regulations that lead to healthy food options being more available and affordable, increasing physical activity and reducing obesity, and banning marketing of unhealthy products to children;
- Increase national ownership of the NCD response through greater allocation of domestic resources and health budgets, remaining cognizant of the Abuja Declaration target to allocate 15% of national budgets to health, and through traditional and voluntary innovative financing mechanisms;
- Promote access to affordable, safe, effective and high-quality essential NCD medicines and technologies in working with the private sector, particularly pharmaceutical companies;
- Foster collaborative partnerships between government and civil society to fill gaps in the provision of prevention and treatment services, and actively engage communities and people living with NCDs in national efforts to prevent and control NCDs;
- Support operational research through national and international collaborative platforms to inform, improve and document the development of best practices and approaches in improving health systems, provision and service delivery in a comprehensive, continuous and integrated way;
- Establish clear and rigorous monitoring and evaluation mechanisms at the country level to ensure accountability of progress in the NCD response.

And the delegates of the East Africa NCD Stakeholder Meeting urge regional institutions and the global community to:

- Prioritise NCDs in regional health and development plans and strategies, including from the Africa Union, WHO Africa Regional Office, and the African Development Bank;
- Urge the East Africa Community Secretariat to fully implement the EAC NCD Strategy, and improve and standardise data collection on NCDs across the region;
- Prioritise and integrate NCDs into bilateral, regional, multilateral and global development agendas and planning instruments, including the post-2015 development agenda, Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs);

- Mobilise additional predictable and sustainable global resources for NCDs by integrating NCDs into existing global financing mechanisms, and complement national budgetary allocations of developing countries with Official Development Assistance (ODA) for NCDs, in line with the Paris, Accra, and Busan Declarations on Aid Effectiveness and in fulfilment of the commitments by many developed countries to achieve the target of 0.7% of gross national income for ODA by 2015;
- Promote the capacity-building of NCD-related NGOs, alliances and networks at the national and regional levels, including through the establishment of a Civil Society Fund for NCDs to support NCD civil society in LMICs.

Furthermore, the delegates of the East Africa NCD Stakeholder Meeting commit ourselves, as civil society, to the following actions in accelerating the NCD response in East Africa:

- Coordinate advocacy and lobbying activities at national, regional and global levels to maintain political leadership and action on NCDs, as well as resource mobilisation;
- Lead awareness-raising activities, sensitizing communities and the wider general public to NCD prevention and treatment;
- Provide complementary services to governments to prevent NCDs and support people affected, including training, and patient support and empowerment;
- Promote research, good practice, and monitor progress on NCDs in the East Africa Community.

The East Africa NCD Civil Society Charter was endorsed and signed on 15 June 2014 in Entebbe, Uganda, by:

Uganda NCD Alliance (UNCDA)



Zanzibar NCD Alliance (Z-NCDA)



Kenya NCD Alliance (NCDAK)



Tanzania NCD Alliance (TANCA)



Burundi Diabetes Association



APREPRIDIA BURUNDI

Rwanda Diabetes Association



Rwanda Heart Foundation



Danish NCD Alliance (DNCA)



Danish Cancer Society

The NCD Alliance



Framework Convention Alliance



Center for Global Health,
Aarhus University



University of Southern California,
Institute for Global Health



The Charter was developed with input from delegates at the East Africa NCD Stakeholder Meeting on 13–15 June. A full list of delegates can be found at <http://www.ncdalliance.org/east-africa-ncd-alliance-initiative>.