

## **A Country Perspective on the One Year Anniversary of the UN NCD Summit – Good Progress but a Stronger Focus on National Action and Expanding Programmes is Needed**

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It's hard to believe it was only one short year ago when Heads of State, NGOs, health professionals, and many others gathered at a UN Summit in New York to discuss cancer, diabetes, heart disease, and other conditions collectively known as Non-communicable diseases (NCDs). As practicing clinicians who see the first hand devastation of NCDs on a daily basis here in Uganda, it is sometimes difficult to connect the dots between Summits in New York and the daily challenges of sick patients who travel hundreds of kilometres to our national hospital in Kampala seeking treatment.

Many feel the jury is still out on the impact of the UN Summit and some critics echo the sentiments of an article published in the September 2011 issue of *The Economist* on the global NCD response, stating that “so far the world’s response has been to have meetings”. But such criticisms fail to grasp the purpose of last September’s Summit. The value of such meetings lies in their ability to drive political commitments and provide a forum for leadership and global cooperation. Now that the Summit has alerted the world to the NCD epidemic, it’s time to put the spotlight on national action and scaling up successful programmes, just as the HIV/AIDS movement did following their 2001 UN Summit.

While the NCD movement lacks the funds pledged for HIV/AIDS by governments in 2001, international aid for health is still small next to domestic health spending in most low- and middle income countries. This, and the state of the world’s finances, necessitates a need to shift our focus from the traditional aid narrative and focus on what we can do with the limited resources we have available.

**First**, countries need to decide what they want to achieve in the fight against NCDs and commit to ambitious yet realistic goals. Governments should follow the lead of South Africa in setting national targets for NCDs and use legislation to ensure those targets are met. No country can afford to wait until 2015 in the hope that the UN might include NCD targets in the successor framework to the Millennium Development Goals or that this will lead to increased funding. Targets endorsed in New York are less likely to lead to change than those passed through national parliaments and included in national development plans. Political champions should ensure the targets being developed under the auspices of the World Health Organization (and the agreed target to reduce NCD deaths by 25% by 2025 championed by the NCD Alliance) are endorsed by parliaments in the first half of 2013.

**Second**, we need to put increased focus on replicating and scaling up what works. The Maternal and Child Health movement launched a [global knowledge exchange](#) in 2011 in order to share and replicate examples of successful programmes by governments and NGOs. There have been countless examples of successful programmes addressing NCDs and their risk factors since the UN Summit, but too often these success stories are never shared or given visibility. A twinning partnership between the Danish and Uganda NCD Alliance (UNCDA) has yielded strong results that other countries could learn from. Uganda has recently joined other nations in Africa in being among the first to roll out the HPV vaccine to prevent cervical cancer. Yet there is still much we could learn from other countries in the fight against NCDs.

With tight government budgets a reality for the foreseeable future, global organizations working on NCDs should put more focus on documenting and promoting successful and cost effective NCD programmes. A starting point would be a series of publications containing NCD case studies from each major UN region highlighting effective prevention and treatment programmes. These can be adapted, implemented and scaled up in a variety of settings, but these examples need to be more accessible to busy policy makers and clinicians.

**Third**, every country should explore opportunities to integrate NCD screening and treatment into communicable disease and maternal health programmes to ensure a more patient centred approach to care. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), UNAIDS, and other partners launched the Pink Ribbon Red Ribbon Initiative in 2011 to support integration of breast and cervical cancer screening into HIV/AIDS clinics around the world. Integrating NCD services at point of care in rural and remote health districts where patients often go undiagnosed will reap huge benefits, as shown by a pilot programme in Cambodia which combined HIV/AIDS and NCD screening and treatment. Every day we see first hand how early diagnosis of these conditions is the difference between life and death.

Here in Uganda, health professionals have been leading from the frontlines and working tirelessly to improve the lives of those affected by NCDs. The UN Summit was a historical event and we know change will not come overnight, but we cannot wait any longer to take action. Now is the time to use the momentum from the Summit to focus on country action and scale up successful programmes. We invite you to join us and help make Uganda and other countries the next success story in the fight against NCDs.

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