

Landscape of NCDs

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What are NCDs?

Non-communicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviours factors. Are not passed from person to person.

The four main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths – 32million – occur.



Who is at risk of NCDs?

- People of all age groups, regions and countries are affected by NCDs.
- These conditions are often associated with older age groups, but evidence shows that 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years.
- Of these "premature" deaths, over 85% are estimated to occur in low- and middle-income countries.
- Children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol.



Risk Factors....

- **Modifiable Risk Factors** : Means that they can be reduced or controlled by an intervention. such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs. Air pollution has been added to this list. They all increase the risk to NCDs
- **Tobacco** accounts for over 7.2 million deaths every year (including from the effects of exposure to second-hand smoke), and is projected to increase markedly over the coming years.
- 4.1 million annual deaths have been attributed to excess **salt/sodium intake**.
- More than half of the 3.3 million annual deaths attributable to **alcohol** use are from NCDs, including cancer.
- 1.6 million deaths annually can be attributed to insufficient **physical activity**.

Risk factors

- **Metabolic risk factors:** Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs:
 - raised blood pressure
 - overweight/obesity
 - hyperglycemia (high blood glucose levels) and
 - hyperlipidemia (high levels of fat in the blood).
- In terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure (to which 19% of global deaths are attributed), followed by overweight and obesity and raised blood glucose.

Consumption of unhealthy diets



Physical inactivity

Studies have shown a correlation between physical inactivity and the following outcomes:

- Depression
- Type 2 diabetes
- Heart disease
- Stroke
- Hypertension
- Colon and breast cancer
- Osteoporosis
- Obesity
- Arthritis
- Premature death





Socioeconomic impacts of NCDs

- NCDs threaten progress towards the 2030 Agenda for Sustainable Development, which includes a target of reducing premature deaths from NCDs by one-third by 2030
- Poverty is closely linked with NCDs. The rapid rise in NCDs is predicted to impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care.
- In low-resource settings, health-care costs for NCDs quickly drain household resources. The exorbitant costs of NCDs, including often lengthy and expensive treatment and loss of breadwinners, force millions of people into poverty annually and stifle development.

Prevention and control of NCDs

- An important way to control NCDs is to focus on reducing the risk factors associated with these diseases.
- A comprehensive approach is needed requiring all sectors, including health, finance, transport, education, agriculture, planning and others.
- Management of NCDs includes detecting, screening and treating these diseases, and providing access to palliative care for people in need.
- Countries with inadequate health insurance coverage are unlikely to provide universal access to essential NCD interventions.



What binds us as an NCD community

DISEASES



Cardiovascular Disease



Chronic Respiratory Diseases



Cancer



Diabetes



Mental and Neurological Conditions

RISK FACTORS



Unhealthy Diet



Tobacco Use



Harmful Use of Alcohol



Physical Inactivity



Air Pollution

Reduce MODIFIABLE RISK FACTORS



Expand coverage of ESSENTIAL MEDICINES AND TECHNOLOGIES



Improve SURVEILLANCE



Strengthen HEALTH SYSTEMS



Increase FUNDING

The global challenge of NCDs


Every year
41 MILLION PEOPLE
die from
NCDs



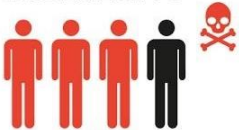
Almost 2/3 of NCDs deaths are linked to



tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity

NCDs
– including cardiovascular disease, cancer, diabetes, chronic respiratory disease, and mental and neurological disorders –
account for
71% 
of **GLOBAL MORTALITY**, and are the leading **cause of death** and **disability** worldwide.


More than **40%** of these deaths were **PREMATURE DEATHS UNDER AGE 70**



and **82%** of these occurred in **LMICs**.

Mortality among people in their most productive years has a significant **IMPACT ON ECONOMIC** development and can undermine progress.

The projected cumulative lost output due to NCDs in LMICs for **2011-7 trillion USD**



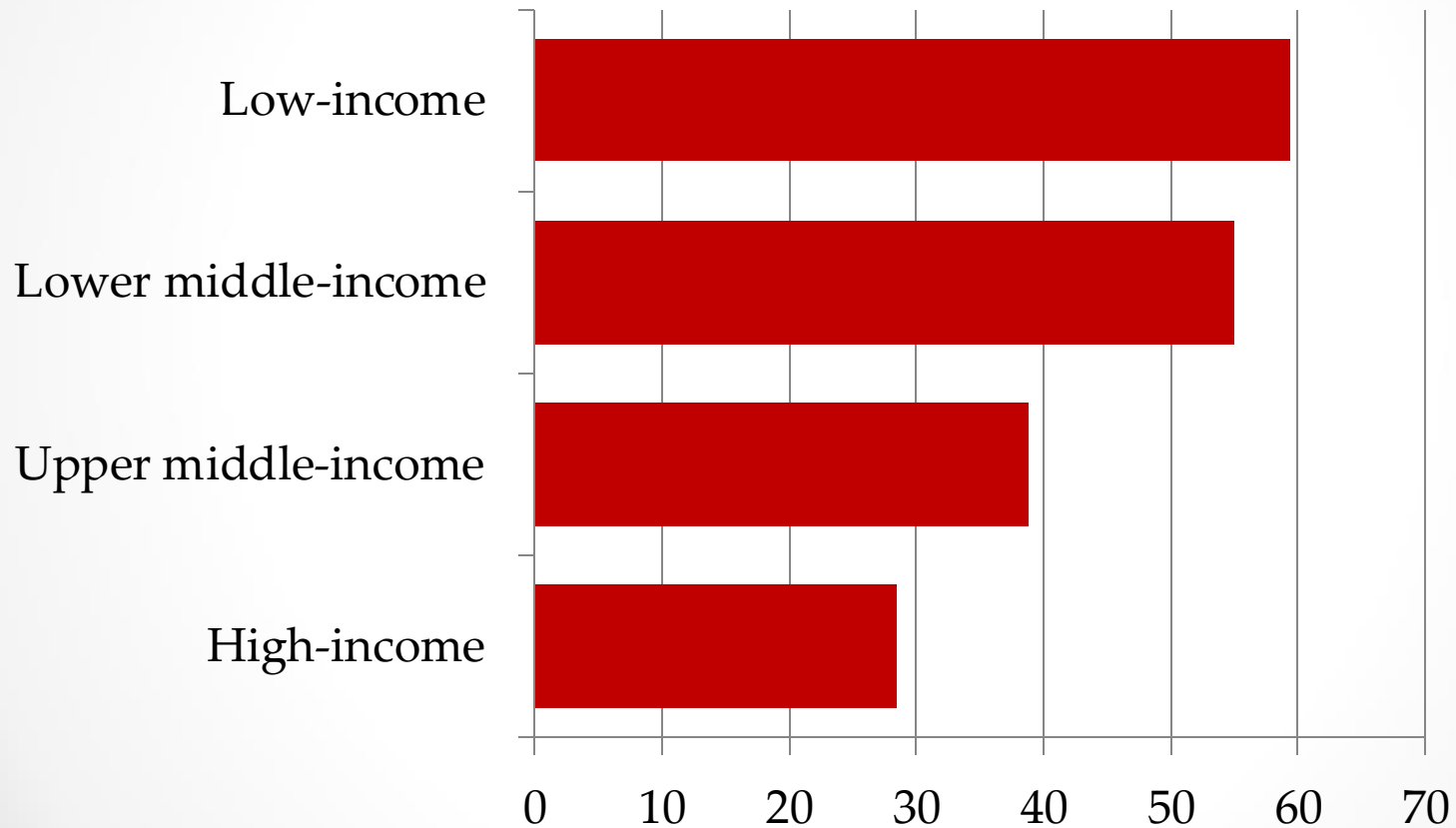
This far outweighs
11.2 billion USD cost of implementing a set of high-impact, **cost-effective interventions** to reduce the burden of NCDs.

In 2016.....

- An estimated 41 million people worldwide died of NCDs, equivalent to 71% of all deaths.
- Four NCDs caused most of those deaths
 - cardiovascular diseases (17.9 million deaths)
 - cancer (9.0 million deaths)
 - chronic respiratory diseases (3.8 million deaths)
 - diabetes (1.6 million deaths)
- In high-income countries, cancer has become the leading cause of premature death while in lower and middle income countries cardiovascular diseases continue to be the main NCD cause that claims the largest number of lives among people in the age group (30 – 70 yrs)

Faster, younger and worse outcomes in LMICs

The percentage of people dying from NCDs before the age of 70 is the highest in Low- and Lower Middle Income Countries



Global Actions

1

Political Mandate

UN High-Level Summit on NCDs and adoption of UN Political Declaration on NCDs



2

Global Action & Accountability

"25 by 25" NCD targets and Global Action Plan 2013-2020

2013

3

Global Coordination

UN Task Force on NCDs

2014

4

National Commitment

UN High-Level Review & time-bound national commitments

2015

5

2030 Agenda

Adoption of SDGs

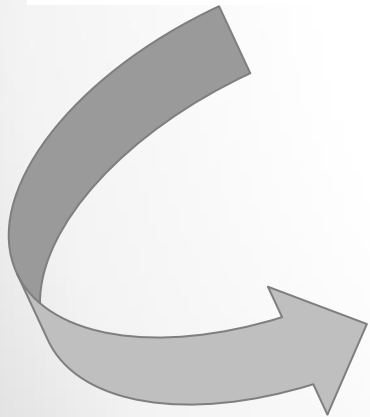
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3rd UN HLM on NCDs

Commitment to accelerate action towards 2030 Agenda

2018

NCDs included in the SDGs



3 GOOD HEALTH AND WELL-BEING 	3.4 NCD MORTALITY Reduce by 1/3 NCD premature mortality & promote mental health & well-being.	3.5 SUBSTANCE ABUSE Strengthen prevention and treatment of substance abuse , including harmful use of alcohol .	3.6 ROAD TRAFFIC ACCIDENTS Reduce by 1/2 number of global deaths and injuries from road traffic accidents .	3.a FCTC IMPLEMENTATION Strengthen implementation of WHO Framework Convention on Tobacco Control.
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2018 UN High Level Meeting on NCDs



“Time to Deliver” (27/Sept/2018, UN HQ, NYC)

Government participation:

- 23 Heads of State/Government
- 55 Ministers
- 4 Vice-ministers

Political Declaration [adopted](#)

NCD Campaign Priorities



1
PUT
PEOPLE FIRST



2
BOOST
NCD INVESTMENT



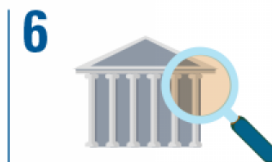
3
STEP UP ACTION ON
CHILDHOOD OBESITY



4
ADOPT
SMART FISCAL
POLICIES THAT
PROMOTE HEALTH



5
SAVE LIVES THROUGH
EQUITABLE ACCESS
TO NCD TREATMENT
AND UHC



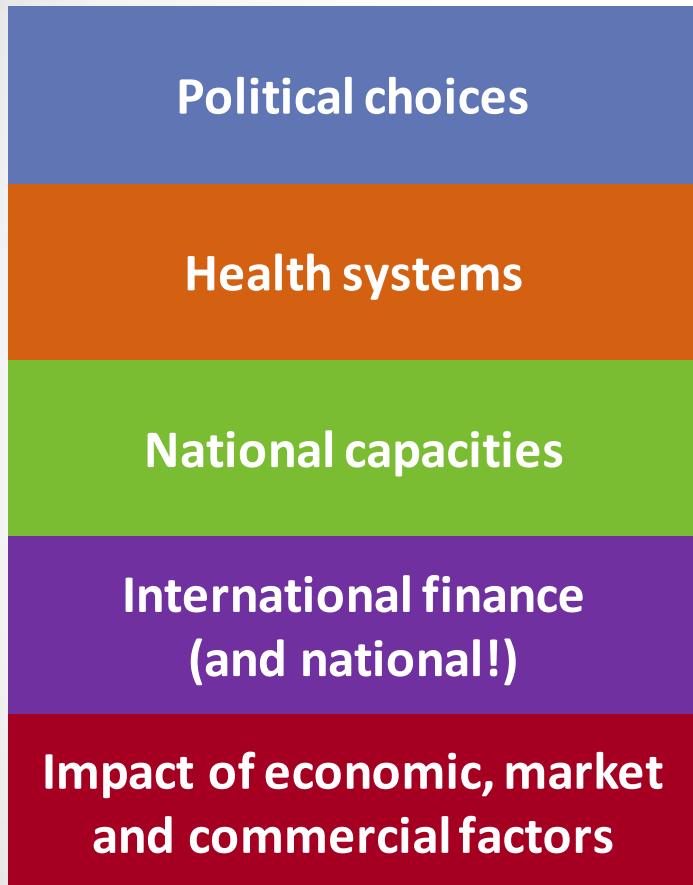
6
IMPROVE
ACCOUNTABILITY FOR
PROGRESS, RESULTS
AND RESOURCES

Taking stock of the NCD response: 6 negatives

1. **Slow and uneven progress globally**
2. Countries **overwhelmed and paralysed**
3. **Political inertia** and opposition to “new and ambitious”
4. Still pitiful levels of **resources**
5. Interference of **powerful multinationals** in public policy
6. Absence of a **people’s movement**

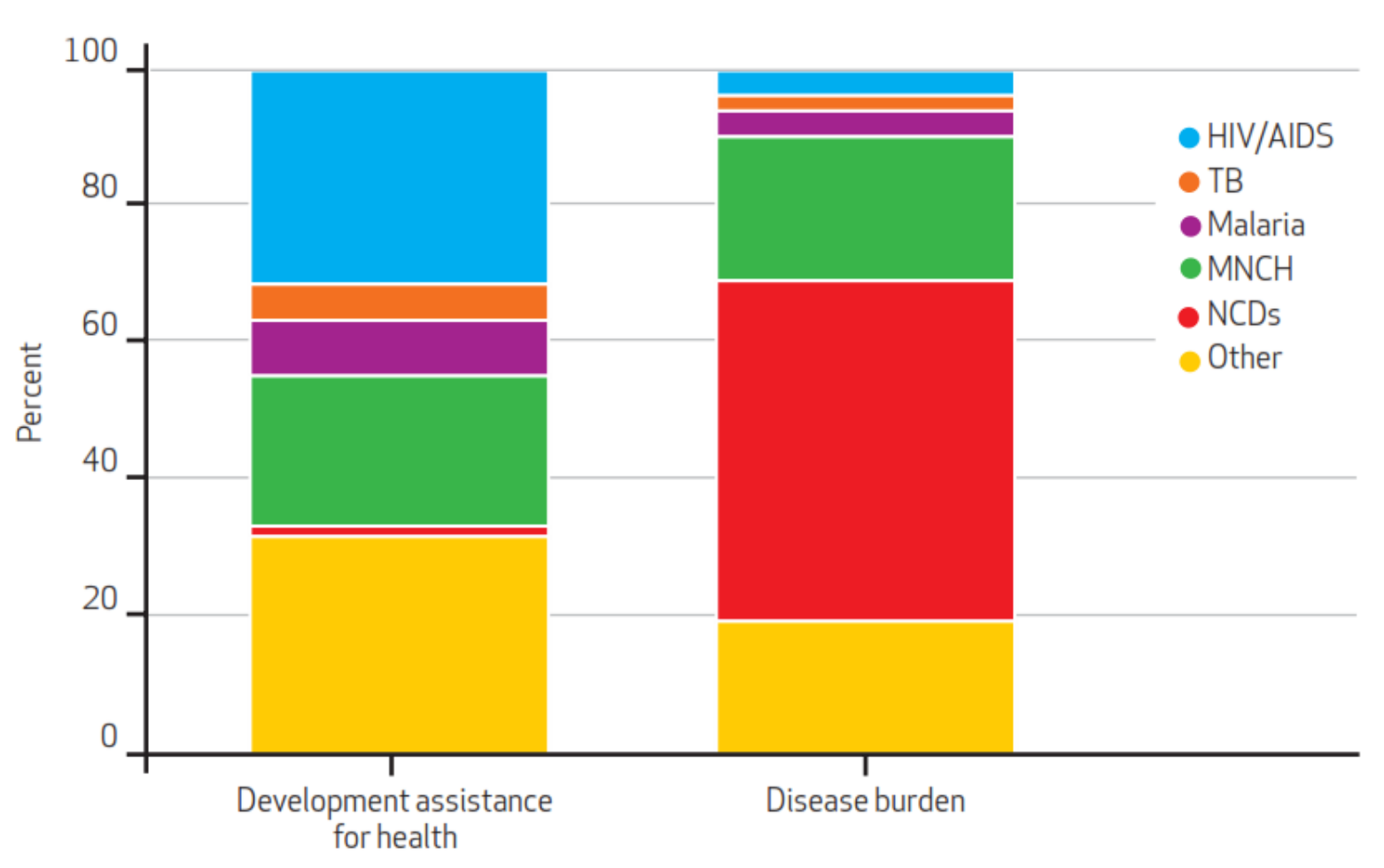


Obstacles to NCDs response



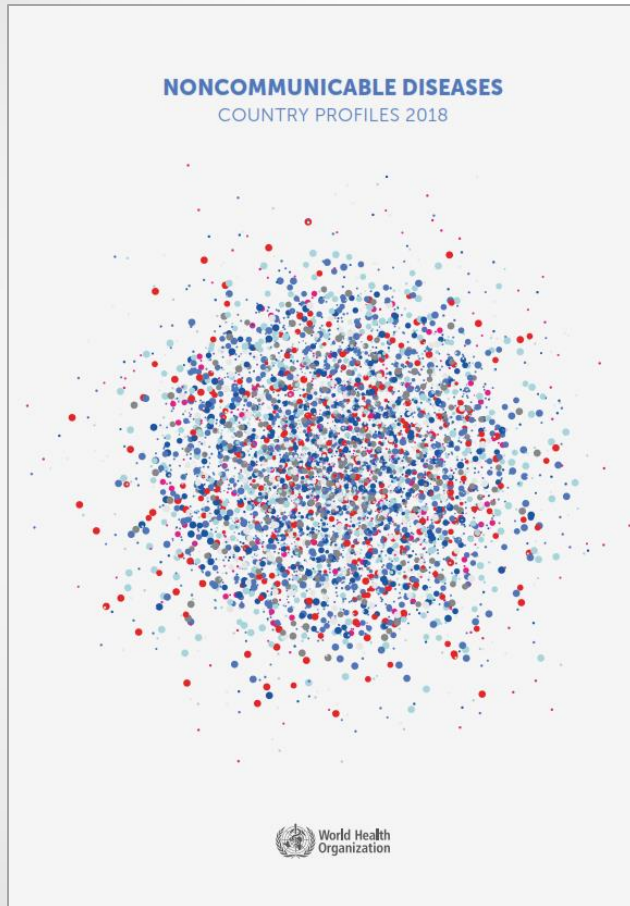
- Weak links with national SDG responses
- Lack of access to medicines
- Best buy policies not integrated into Primary Health Care and Universal Health Care
- Weak legal capacity
- Industry interference
- Lack of capacity to interact with (combat undue influence of) the private sector
- No development assistance funds for NCDs
- Rising demand for technical support - unmet
- Trade promotion to increase exports of health-harming products without supporting countries to develop national NCD responses

Pitiful levels of financing



Source: Joseph L Dieleman et al, *Global Health Development Assistance remained steady in 2013 but did not align with recipients*, Health Affairs, 2014

NCDs are a smart and strategic investment



“The overarching message is **optimistic...**

...Almost **10 million premature deaths from NCDs can be avoided by 2025** if governments decide, today, to implement the WHO “best buys” for NCDs...

...Doing so will prevent **17 million strokes and heart attacks by 2030** in the poorest countries, and generate **US\$ 350 billion** in economic growth...

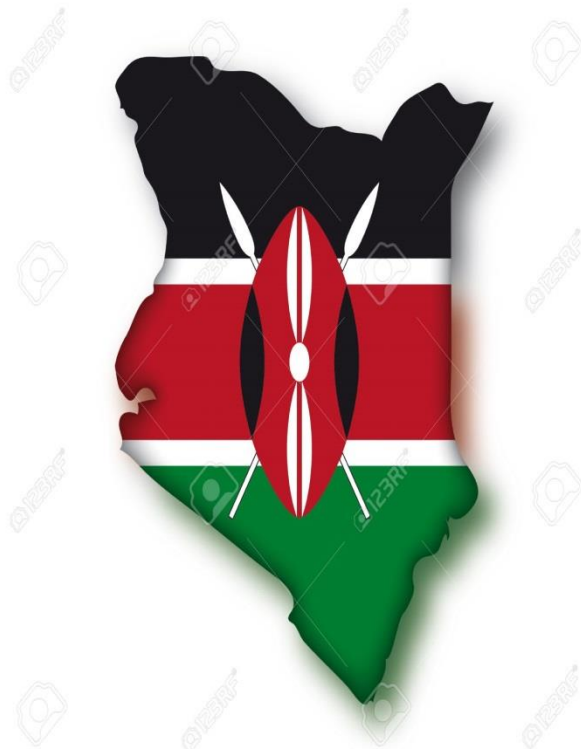
...Every **US\$1 invested** in the proven interventions for NCDs will yield a return of at least **US\$7 by 2030.**”

Burden of NCDs in Kenya

- NCDs in Kenya account for:
 - 30% of the health burden.
 - More than 50% of total hospital admissions and over 55% of hospital deaths
- Key indicators from the National STEPwise Survey (2014)
 - 13% of the population consumes some form of tobacco products
 - 19% drink alcohol with 13% consuming alcohol on a *daily* basis,
 - 25% of Kenyans have raised blood pressure and 56% have never been assessed for raised blood pressure,
 - 88% had never been assessed for raised blood sugar
 - 98% have never been measured for cholesterol

National NCD Overview: Prevalence Situation Kenya

- Diabetes
 - Impaired Fasting Glucose (Pre-diabetes) – 3.1%
 - Diabetes – 2%
- Cardiovascular Diseases – 9%
 - Hypertension – 24%
 - CVD related deaths – 2nd leading cause of death
- Cancer – 9%
 - 3rd leading cause of death
- Sickle Cell – 3%
 - Homabay – 15%
- Injuries account for 7% of all the deaths with road traffic injuries claiming nearly 5000 lives annually



National NCD Overview: Risk Factor Prevalence

- *Tobacco Use*
 - *Overall – 13.3%*
 - *Men – 23%*
 - *Women – 4.1%*
- *Secondhand Smoke*
 - *Home – 24%*
 - *Work – 21%*
- *Harmful Use of Alcohol*
 - *Heavy Episodic Drinking – 12.7%*
 - *Drinking of unrecorded alcohol – 35.5%*
- *Overweight & Obesity – 27.9%*
 - *Men – 17.5%*
 - *Women – 38.5%*
- *Unhealthy Diet*
 - *Low Consumption of fruits and vegetables – 94%*
 - *Add salt or salty sauce to their food before eating or as they are eating – 23%*
 - *Always or often add sugar when cooking or preparing food and beverages at home – 84%*

Structures in place...locally

- MOH has a department of Non-Communicable Diseases which is led by Dr. Waqo Ejersa . Has various divisions namely:
 - Division of tobacco Control
 - Division of Non-communicable diseases prevention and control
 - Division of national cancer control programme
 - Division of Geriatric medicine
 - Division of violence and injury prevention
- There is also an NCD ICC launched in 2018.



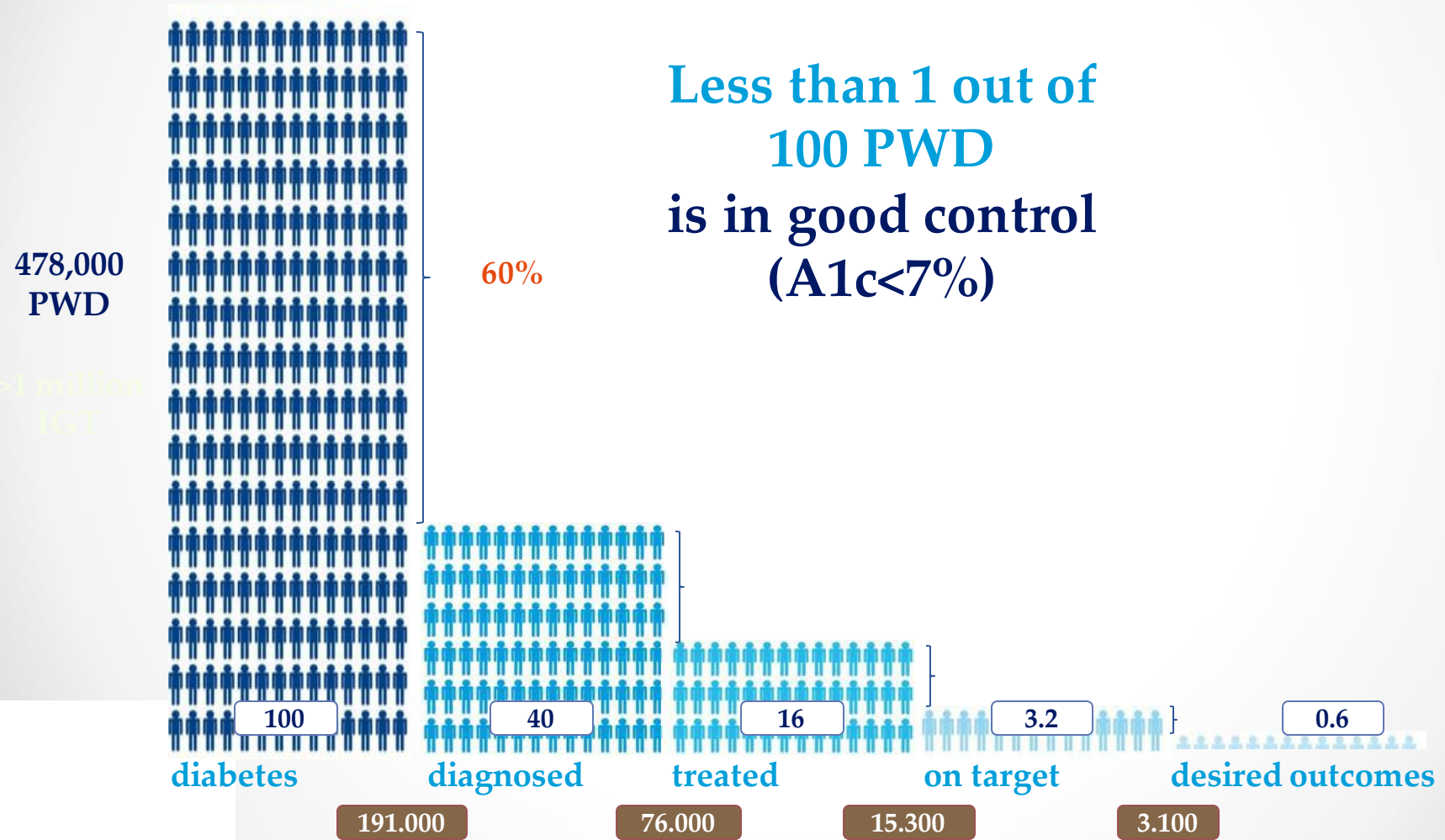
NO.	PROPOSED ACTION	CURRENT SITUATION
1.	Kenya National Strategy for The Prevention and Control of Non-communicable Diseases, 2015 – 2020	Mainly focusing on the four major NCDs (CVD, cancer, COPD and diabetes) Also focuses on their four shared behavioral risk factors—tobacco use and exposure, unhealthy diet, physical inactivity and harmful use of alcohol.
2.	Strategic plans	<ul style="list-style-type: none"> • National Cancer Control Strategy 2017 – 2022 • National Tobacco Control Strategy 2019 – 2024 (due for launch) • National diabetes strategic plan available 2010 - 2015 (due for revision)
3.	Diet and Physical activity policies	Healthy diets and physical activity guidelines finalised awaiting printing. National action plan on physical activity being developed
4.	Policies influencing food environment	Trans fats regulation – work in progress. To follow are salt and fat reduction standards

NO.	PROPOSED ACTION	CURRENT SITUATION
5.	Policies influencing marketing of unhealthy foods and non-alcoholic beverages to children	Not in place but there is an urgent need
6.	Policies influencing initiatives leading consumption of Fruits and vegetables	Incorporated in the guidelines for healthy diets and physical activity but not explicit.
7.	Social marketing campaigns/media campaigns	<p>Mainly occurs during the UN recognized Health days e.g World No Tobacco Day, World Diabetes day, World Cancer Day, etc</p> <p>Sometimes Ad hoc mainly media triggered</p>

NO.	PROPOSED ACTION	CURRENT SITUATION
8.	Policies targeting reduction of tobacco use	<ul style="list-style-type: none"> • Ratification of FCTC 2004 • Tobacco control act 2007 • Tobacco National action plan, due for review • Tobacco control policy • Signing of ITP (Protocol to eliminate illicit trade in tobacco products)
9	Development of care guidelines	<ul style="list-style-type: none"> • Cancer screening and management, diabetes, CVD, diet and physical Activity and Tobacco cessation guidelines available • PA action plan available • Training curriculum for health care providers on priority NCDs available • Training curriculum for CHVs on priority NCDs available

Proportion of people diagnosed or receiving care:

1 out of 6 PWD receives a treatment for diabetes in Kenya



Access to NCD Medicines & Products

Barriers for availability and affordability of NCD medicines and products within primary health care

- Delayed disbursement of funds
- Delay in procurement due to procurement procedures
- Quality of drugs and technologies
- Limited capacity of KEMSA to efficiently supply what is required across the county
- Inadequate knowledge and competencies of healthcare workers on management of NCDs
- High cost of NCD medicines –out of pocket costs
- Inadequate number of healthcare workers at primary care level
- Frequent stock out in the facilities

Impact on Health System and PLWNCDS

Ways the lack of access to NCD medicines and products impact health services/PLWNCDS

- Late diagnosis
- Poor quality of life for PLWNCDS
 - Development of disease complications
 - Psychosocial issues
- Poor adherence to medication
- Seeking alternative therapies that may not be effective
- Financial risks due to high costs

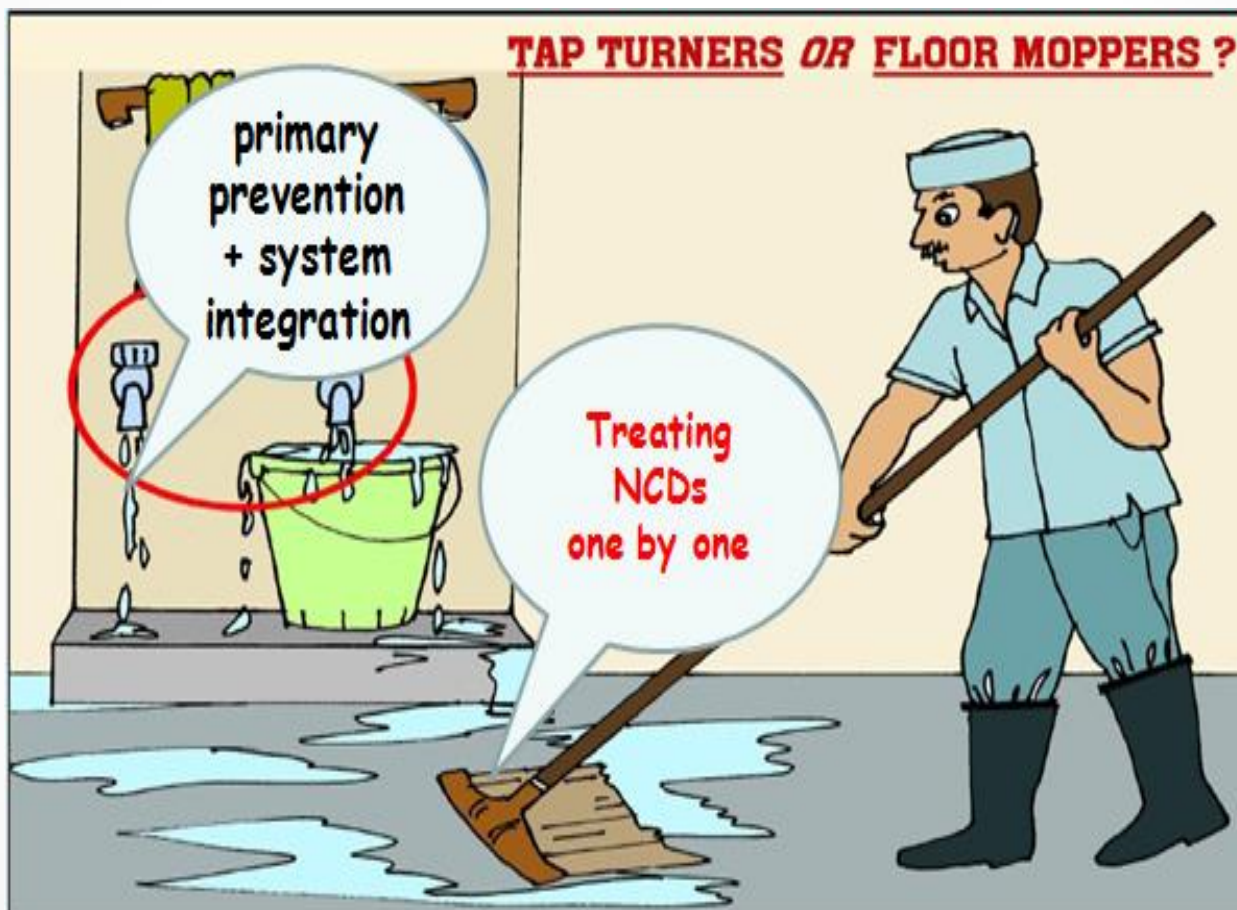
Challenges in addressing NCDs in Kenya

- Underfunding (3% of total MOH budget to the NCD department)
- Lack of designated donor funds for NCDs (Like Global Fund in HIV)
- Domination by pharmaceutical companies (out to make profits)
- Industry interference
- Disjointed patient associations hence no synergy in pushing NCDs agenda forward
- Competing health priorities (we are facing a double burden of disease; Communicable and NCDs)
- Covid-19 pandemic : PLWNCDs most at risk , highest mortality rate, reallocation of resources ,drugs stock outs , discontinuation of NCDs clinic
- Minimal coverage by NHIF and UHC


Opportunities

- UHC: Counties ordering for UHC drugs
- Review of national NCD strategy
- Engagement in budget making process
- Covid -19: Bring to light the NCDs needs especially because NCDs are a risk factor and PLWNCDS account for majority of mortalities

Reorientation of health sector to focus on preventive and promotive health services



Tap turners or floor moppers?
.....looking at the big picture....



**The future is not some place we
are going, but one we are
creating. The paths are not to be
found, but made. And the activity
of making them changes both the
maker and their destination.**

John Schaar

• Thank you!



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***Thank
you!***