

Advancing NCD Health Equity: Upholding the Right to Health in Africa

Report from a roundtable event on the sidelines of WHA77

May 28, 2024

Acknowledgements

We thank Prof. Dêlidji Eric Degila, the Geneva Graduate Institute, and the Permanent Mission of the Central African Republic to the United Nations Office and other international organizations in Geneva for their collaboration in co-hosting the event. Our sincere gratitude also extends to Dr. Abha Saxena (*Senior Bioethics Consultant*), H.E., Minister Dr. Edwin Dikoloti (*Minister of Health and Wellness, Botswana*), H.E. Amb. Minata Samaté Cessouma (*Commissioner for Health, Humanitarian Affairs and Social Development, African Union*), and H.E., Minister Dr. Pierre Somse (*Minister of Health and Population, Central African Republic*) for their insightful opening remarks. We would also like to thank all those present for their participation and valuable contributions to the discussion.

Executive Summary

The global burden of non-communicable diseases (NCDs) – including cardiovascular, renal, and metabolic diseases – is felt by all, but it is not felt equally. Low- and middle-income countries, particularly those across the WHO African region (AFRO), bear the brunt of rising NCD mortality rates.

The theme of the 77th World Health Assembly was 'All for Health, Health for All'. In line with this theme, Boehringer Ingelheim, in collaboration with the Geneva Graduate Institute and Permanent Mission of the Central African Republic in Geneva held a closed roundtable to explore the need for action on NCD health equity in Africa to uphold the right to health. The event brought together high-level stakeholders including ministries of health, government representatives, international organizations, academia, civil society, and the private sector to drive consensus to maximize opportunities and remove barriers for tackling NCDs across the continent.

Discussions highlighted **five key actions** that should be prioritized by the global health community to advance progress on NCDs and uphold the right to health in Africa:

1. Promote a Universal Health Coverage (UHC) approach, recognizing the double burden of communicable diseases and NCDs in Africa
2. Invest in awareness and prevention by supporting training and capacity-building of African healthcare workers specialized in NCDs, including at the community level
3. Strengthen evidence-based research and data collection
4. Adopt an intersectional, multistakeholder, and all-of-government approach to address NCDs and achieve health equity
5. Explore sustainable financing approaches, prioritizing local investments

Setting the scene

1. The right to health is embedded in the African Charter on Human and Peoples' Rights and recognized by many African countries

The right to health is a fundamental human right. It not only enables individuals to live a life of dignity and achieve their potential, but it also facilitates their full participation in society, making it crucial for a thriving society and economy. An equitable opportunity to be as healthy as possible is needed for all.

The right to the highest attainable standard of health was first declared in the 1946 WHO Constitution and reinforced by the 1948 Universal Declaration of Human Rights.^{1,2}

Today, 148 countries, many in Africa, recognize health as a human right. The 1991 African Charter on Human and Peoples' Rights states that *"every individual shall have the right to enjoy the best attainable state of physical and mental health"*, and each African State *"shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick"*.³ Africa's development blueprint, Agenda 2063, aims to put in place systems to significantly reduce non-communicable and lifestyle-related diseases by 2063.⁴ In addition, the UN member states, have committed to achieving the Sustainable Development Goals (SDGs) by 2030, including targets such as reducing NCDs (SDG 3.4) and achieving universal health coverage (SDG 3.8).

2. With the rising burden of NCDs, health remains a fundamental yet unrealized right for many in Africa

The growing burden of NCDs in Africa, including cardiovascular, renal, and metabolic diseases, cancers, diabetes, and chronic respiratory diseases, is a cause of concern.^{5,6} Every year, NCDs kill 41 million people, which is equivalent to 71% of all deaths globally.⁷ 77% of those people are in low and middle-income countries, with Africa bearing a significant burden.⁷ In 2019, in the WHO AFRO Region, NCDs accounted for 37% of mortality, rising from 24% in 2000.⁷ The proportion of NCDs at all income levels in the region has risen by more than 10% in less than 30 years.

Prevention and early diagnosis of NCDs are key to maintaining good health but are hindered by the lack of access to healthcare.

- In Europe, there are approximately 4 doctors per 1000 people.
- In Africa there are 0.2 doctors per 1000 people.⁸

The significant human resources required and necessary equipment for early detection are often unavailable in the region, exacerbating the situation.

3. To be better prepared for the next pandemic, it is imperative to better manage the burden of NCDs

Often called silent killers, NCDs do not attract the same attention as epidemic outbreaks or pandemics. Unlike the sudden spikes in mortality or dramatic shortages of essential medical supplies such as oxygen during the COVID-19 pandemic, the impact of NCDs is gradual. Many people with the diseases do not present with symptoms until they reach the late stages which obscures the full impact on individuals and populations, making their consequences less immediately visible.

NCDs are influenced by a complex interplay of social determinants of health, such as income, education, and living conditions, which affect an individual's vulnerability to these diseases. Low awareness of NCDs and their risk factors leads to late diagnoses and therefore worse outcomes. Barriers within health systems, such as inadequate health infrastructure, and a lack of healthcare funding, further exacerbate the risk and impact of NCDs. As NCDs require greater health expenditures over longer periods of time, they often push economically vulnerable populations to incur catastrophic health expenditures. This creates a cyclical relationship in which poverty exacerbates NCDs, and NCDs in turn exacerbate poverty.

With the COVID-19 pandemic fresh in mind, there is an urgency to act on pandemic preparation and response, and NCDs are at risk of being deprioritized. However, individuals with NCDs are more susceptible to contracting communicable diseases, spreading them, and experiencing worse outcomes if they are infected.^{9,10} Consequently, the surge in NCDs is fueling a double burden of communicable diseases and NCDs, impacting individuals and societies, weakening health systems and economies, and hindering the achievement of health-related goals. To better prepare for future pandemics, governments must therefore prioritize comprehensive strategies addressing both NCDs and communicable diseases through long-term investments in healthcare infrastructure and preventive measures, ensuring more resilient health systems.

Key takeaways

There are five key actions the global health community can act on to achieve progress on NCDs to uphold the right to health in Africa.

1. Promote a Universal Health Coverage (UHC) approach, recognizing the double burden of communicable diseases and NCDs in Africa

A focus on NCDs will contribute to the development of a healthier population better able to cope with infectious diseases. Therefore, an equitable health system is needed that prioritizes communicable and noncommunicable diseases equally, promoting prevention and treating everyone regardless of age, gender, race, ethnicity, or socioeconomic status.



Case study: The Central African Republic's experience of the Universal Health and Preparedness Review (UHPR)

The Central African Republic was the first country to volunteer for a UHPR pilot exercise.¹¹ The exercise illustrated the importance of promoting UHC and was successful in fostering unity within the state and solidarity among countries. In future, the UHPR tool should be used to uncover the linkages between NCDs, contributing to a more balanced and holistic approach in global health systems.

2. Invest in awareness and prevention by supporting training and capacity-building of African healthcare workers specialized in NCDs, including at the community level

There is a significant shortage of healthcare workers in many regions of the African continent. In addition, the existing healthcare workforce often lacks the necessary skill mix to deliver high quality integrated care for NCDs. Training these workers is crucial, to ensure they can identify risk factors for NCDs, adhere to optimal standards of care, and effectively educate their communities about prevention strategies and healthy practices.

Investment in healthcare is essential for addressing these challenges. In addition, private-public partnerships can contribute to these efforts by driving initiatives to strengthen the healthcare workforce. For example, the **Angels Initiative** seeks to reduce the burden of stroke for patients by building a network of stroke-ready hospitals worldwide, including in Africa.¹² A crucial part of the initiative is training healthcare workers at all levels, enabling them to provide their patients with the best possible standard of care.



A spotlight on healthcare workers' health

The right to health must also include the well-being of the healthcare workers. Many NCD risk factors include work-related factors that contribute significantly to diseases such as chronic obstructive pulmonary disease, stroke, and ischemic heart disease, which particularly affect the WHO African region. In order to build a capable health workforce to tackle NCDs, it is imperative to prioritize the health of the health workforce through dialogue and supportive national policies.

3. Strengthen evidence-based research and data collection

Only half of countries in Africa had national integrated NCD strategies or action plans based on WHO guidelines in 2022,¹³ and just seven countries in the WHO African Region had death registration data that were at least 75% complete, as of 2020.¹⁴ It is therefore estimated that the number of deaths due to NCDs in Africa is much higher than recorded.

Data on risk factors, disease prevalence, burden, and other key indicators are needed for surveillance of communicable and noncommunicable diseases. This data can help

governments predict and monitor disease trends, allocate resources efficiently, and implement effective response strategies. To ensure effective health interventions it is important that the data used are **up-to-date, credible, comprehensive, inclusive**, and that they are **collected in collaboration with community structures**. Investing in robust, data-driven systems is therefore a crucial component of effective NCD responses.

To deliver strong data, enhanced measurement capabilities will also be important and can be supported by public-private partnerships. The partnerships might include investments in and implementation of new technology and infrastructure or capacity building and training initiatives focused on data management and analysis. Active participation in clinical research or in joint research projects can lead to the strengthening of health care systems at the national level. For example, collaborations that bring clinical trials closer to local communities can enable more equitable access to such trials, generate more inclusive data, and empower individuals to engage with their healthcare.¹⁵

An investment in data collection and use – as well as the infrastructure to support this – is an investment in trust building, transparency, and accountability.

4. Adopt an intersectional, multistakeholder, and all-of-government approach to address NCDs and achieve health equity

As African countries are working towards the goals under Agenda 63 and SDGs 3.4 and 3.8, some countries are already demonstrating notable progress towards UHC. Drawing on the successes of other countries can help governments scale up proven solutions and replicate effective strategies in their own health systems.



Case study: Botswana's approach to UHC

In Botswana, the coordination of the response to NCDs has been elevated to the president's office. Significant investments – of up to 1-2% of the country's GDP – have been directed towards R&D.¹⁶ UHC services are accessible at a nominal charge, making Botswana's healthcare system more inclusive and accessible. To combat NCDs effectively, Botswana aims for a multistakeholder strategy that includes partnerships with civil society and the private sector. Their approach is rooted in evidence-based research and capacity-building, guided by the principle of 'all for health, health for all'.

Alongside health system enhancements, **addressing social determinants of health such as access to clean water and access to healthy and affordable foods is crucial as a means of prevention**. Tackling poverty, improving education – including health education to enhance disease awareness – and addressing risk factors including mental health are integral to addressing the NCD burden. Effective action requires engagement at the local, national, regional, and international levels, and alignment with continental strategies such as the African

Union Agenda 2063 and Africa CDC's Non-Communicable Diseases, Injuries Prevention and Control and Mental Health Promotion Strategy (2022-26).

5. Explore sustainable financing approaches, prioritizing local investments

Many African countries currently rely on developmental and aid funding for their health programs, often shaped by donor agendas and policies. To ensure that aid and development funds are directed according to their priorities, countries must invest in these programs themselves. Integrating NCD prevention and health promotion strategies into existing well-funded programs like maternal and child health clinics, HIV-AIDS programs, and school health initiatives could significantly reduce the incidence of NCDs. Some countries, such as South Africa and Eswatini, have already begun to implement programs to this effect and can serve as examples for the implementation of similar strategies.¹⁷



Case study: Integrated HIV and NCD services in Eswatini and South Africa¹⁸

Launched in 2014, **South Africa's Central Chronic Medicines Dispensing and Distribution (CCMDD)** provides over 2.9 million people, including those with HIV, hypertension, and diabetes, with medications through community pick-up points, facility "fast lanes," and adherence clubs. There are no out-of-pocket costs for medications or testing, and 77% of clients reported less than 5-minute waiting times, compared to 4-6 hours at public facilities. The program also aims to reduce stigma by uniformly labeling NCD and HIV medication packages.

Eswatini's Community Health Commodities Distribution (CHCD), launched in 2020 in response to the COVID-19 pandemic, integrates HIV and NCD services for over 28,000 people through decentralized community points. The program saw fewer missed medication refill appointments in community settings compared to facility-based ones. The Ministry of Health has since launched a pilot program for medication-dispensing lockers at high-volume sites.

Increased funding is critical to support vulnerable populations, with institutions such as the World Bank playing a key role. Prioritizing local investments is crucial in this regard. Moreover, expanding actions to combat NCDs beyond traditional health settings, involving sectors like education, transportation, and safety, can attract additional funding opportunities, and lead to a reduction in NCDs, as well as broader societal impacts.

Conclusion

Addressing NCDs is critical to upholding the right to health in Africa. These diseases have a profound impact on the lives of individuals - those affected often face challenges that go beyond their health, affecting their ability to work, support their families, and engage meaningfully in their communities. In 2019 alone, NCDs were responsible for 37% of deaths in the WHO AFRO Region,⁷ highlighting a growing health crisis that is fueling a double burden of communicable diseases and NCDs and puts at risk not only individuals but entire health systems, economies, and the achievement of health-related goals.

To address this rising burden of NCDs, **equitable health systems are needed that are inclusive, trustworthy, and based on an ethical framework that is data driven, community led, and also responsive to the needs of the more vulnerable.** Strengthening health systems to effectively manage NCDs requires a multifaceted approach, including increased investment in healthcare infrastructure, training for healthcare workers, and robust data collection and research. Raising awareness of NCD risk factors is crucial and must be accompanied by efforts to address the social determinants of health that drive a high NCD burden. Fostering public-private partnerships, integrating NCD services into existing health programs, and ensuring sustained investment at the local level are essential to this end, as demonstrated by successful case studies.

With the UN high-level meeting on NCDs fast approaching, there is a pressing need for more governments' leadership and for the political agenda to prioritize NCDs.

The time to act – is now.

References

1. Office of the United Nations High Commissioner for Human Rights and World Health Organization, 2008. The Right to Health Fact Sheet No. 31. Available from: <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf> [Last accessed 18 June 2024]
2. United Nations, 1948. Universal Declaration of Human Rights. Article 25. Available from: <https://www.un.org/en/about-us/universal-declaration-of-human-rights> [Last accessed 18 June 2024]
3. Organization of African Unity. 1991. African Charter on Human and Peoples' Rights. Article 16. Available from: https://au.int/sites/default/files/treaties/36390-treaty-0011_-_african_charter_on_human_and_peoples_rights_e.pdf [Last accessed 18 June 2024]
4. African Union, 2013. Agenda 2063: The Africa We Want. Available from: https://au.int/en/Agenda2063/popular_version [Last accessed 18 June 2024]
5. Bigna and Noubiap. 2019. The rising burden of non-communicable diseases in sub-Saharan Africa. Available from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30370-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30370-5/fulltext) [Last accessed 18 June 2024]
6. World Health Organization African Region, 2022. Deaths from noncommunicable diseases on the rise in Africa. Available from: <https://www.afro.who.int/news/deaths-noncommunicable-diseases-rise-africa> [Last accessed: 18 June 2024]
7. World Health Organization African Region, n.d. Noncommunicable Diseases. Available from: <https://www.afro.who.int/health-topics/noncommunicable-diseases> [Last accessed: 18 June 2024]
8. World Bank Group. 2024. Physicians (per 1,000 people). Available from: <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>
9. Remais et al., 2013. Convergence of non-communicable and infectious diseases in low- and middle-income countries. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3600620/> [Last accessed: 19 June 2024]
10. Centers for Disease Control and Prevention Division of Global Health Protection, 2021. About Global NCDs. Available from: <https://www.cdc.gov/globalhealth/healthprotection/ncd/global-ncd-overview.html> [Last accessed: 19 June 2024]
11. World Health Organization, 2021. Universal Health and Preparedness Review (UHDR) National Report of Central African Republic. Available from: https://cdn.who.int/media/docs/default-source/documents/emergencies/car_uhpr-national-report-english-version.pdf?sfvrsn=10a871a3_1&download=true [Last accessed: 19 June 2024]
12. Angels Initiative, 2024. Available from: <https://www.angels-initiative.com/> [Last accessed: 28 July 2024]
13. World Health Organization, 2022. Noncommunicable Diseases Progress Monitor 2022. Available from: <https://iris.who.int/bitstream/handle/10665/353048/9789240047761-eng.pdf?sequence=1&isAllowed=y> [Last accessed: 19 June 2024]
14. World Health Organization African Region, 2022. Atlas of African Health Statistics 2022. Available from: https://afahobckpstorageaccount.blob.core.windows.net/atlas-2022/Atlas%20of%20African%20Health%20Statistics%202022%20-%20Full%20Report_EN.pdf [Last accessed: 19 June 2024]
15. Boehringer, 2024. Walgreens and Boehringer Ingelheim Are Partnering to Improve Diversity in Clinical Trials. Available from: <https://www.boehringer-ingelheim.com/us/improving-access-clinical-trials> [Last accessed: 1 July 2024]
16. Health Policy Watch, 2023. Botswana's Health System is Hailed at WHO Africa Meeting. Available from: <https://healthpolicy-watch.news/botswanas-health-system-is-hailed-at-who-africa-meeting/> [Last accessed: 19 June 2024]
17. World Health Organization, 2023. Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes. Available from: https://apps.who.int/gb/MSPI/pdf_files/2023/04/Item3_28-04.pdf [Last accessed: 19 June 2024]
18. Goldstein et al., 2023. Person-centred, integrated non-communicable disease and HIV decentralized drug distribution in Eswatini and South Africa: outcomes and challenges. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.26113> [Last accessed: 1 July 2024]