Key mission findings

1. Ministries are increasingly concerned about NCDS, and recognize that they will have to assume greater responsibility for the prevention and control of NCDs.

2. Cross-government working groups on tobacco control and diabetes already exist, and new ones are being created to address hypertension and physical activity.

3. NCDs are well reflected in the National Medium Term Plan (2014-2018) and the National Health Sector Strategic Plan (2014-2018).


5. An Interagency Coordinating Committee for NCDs has recently been established.

6. NCDs are included in the 2014-2018 UNDAF for Kenya.

7. The multi-sectoral activities undertaken by the National Tobacco Control Unit and the National Tobacco Control Board are considered to reflect best practice.

8. NGOs can be further mobilized to promote awareness on NCDs but first need to build their capacity and be better coordinated.

9. The private sector needs to be engaged effectively in support of the National NCD Strategy, particularly as over a third of Kenya’s health facilities are now operated by private sector companies.

“Strong partnerships across multiple government ministries, and between government, communities and the private sector, are absolutely essential. Prevention must be the cornerstone of the national response to NCDs. It is a practical possibility.”

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“This Task Force mission has re-awakened us to the numerous avenues of support and collaboration within and outside the health sector in line with the multi-sectoral nature of NCDs.”

James Macharia
Kenya Cabinet Secretary for Health

Key adult NCD mortality and risk factors*: premature mortality from NCDs has significant socioeconomic consequences and is a drain on the national economy of Kenya

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18% probability of premature mortality from NCDs</td>
<td>18%</td>
</tr>
<tr>
<td>17% are insufficiently physical active</td>
<td>17%</td>
</tr>
<tr>
<td>5% have diabetes</td>
<td>5%</td>
</tr>
<tr>
<td>21% have hypertension</td>
<td>21%</td>
</tr>
<tr>
<td>12% smoke tobacco</td>
<td>12%</td>
</tr>
<tr>
<td>6% are obese</td>
<td>6%</td>
</tr>
<tr>
<td>Drink 4.3 litres of pure alcohol per person per year</td>
<td>94%</td>
</tr>
<tr>
<td>94% eat insufficient amounts of fruit and vegetables</td>
<td>94%</td>
</tr>
</tbody>
</table>

*Source: Kenya Health Information Systems (KHIS) 2014
Key recommendations

1. The government should place greater focus on premature deaths and on the most cost-effective, evidence-based and feasible interventions.

2. The draft National NCD Strategy needs to be finalized.

3. Prior to the finalization of the strategy, consultations are needed between the Ministry of Health and relevant ministries, with cabinet-level approval.

4. The government should develop a national strategy for physical activity.

5. The government needs to give higher priority to the prevention of cervical cancer, a major killer of women in Kenya.

6. A cross-government costed NCD communications strategy needs to be developed.

7. The capacity of the NCD Department in the Ministry of Health needs to be strengthened.

8. An economic and investment case for the prevention and control of NCDs needs to be made to fast track government funding on NCDs.

9. Annual tax increases on tobacco products and alcohol need to be introduced.

10. The STEPS and Adult Tobacco Survey need to be carried out without further delay.

Adding value: actions taken following the mission

1. The National NCD Strategy (2015-2020) has been finalized and an NCD coordination mechanism launched.

2. High-level prioritization has been given to NCDs, with the First Lady of Kenya designated as Chairperson of the Forum of African First Ladies and Spouses against Breast, Cervical and Prostrate Cancer.

3. NCDs are included in the 2014-2018 UNDAF for Kenya.

4. The Global Adult Tobacco Survey (GATS) for Kenya was launched in November 2014.

5. STEPS survey data collection completed and now being used to demonstrate the link between NCDs, poverty and socioeconomic development.

6. NCDs are now included in the National Health Insurance Fund, which has historically covered inpatient care. As of mid-2015 the fund also covers outpatient care (e.g. diabetes, hypertension and cancer).

7. A community health workers NCD training kit has been prepared and launched.

8. A National Physical Activity Action Plan has been developed and launched.

9. An increasing number of partnerships have been created between the private sector, civil society organizations and community-based groups.

10. The “Healthy Heart Africa” campaign on hypertension awareness, screening and treatment was launched in partnership with Astra Zeneca and six local implementing partners.

11. Private-Public Partnerships on NCDs are gaining momentum, with four currently planned. Examples include: Novo Nordisk’s base of the pyramid project, the Novartis access project and Path’s ‘No Empty Shelves’ project.

12. Resource mobilization campaigns on NCDs have been launched, e.g. the NCD Alliance/MoH gala dinner.

13. The findings of the first wave of the International Tobacco Control (ITC) Policy Evaluation Project were released in December 2015.

14. New tobacco control regulations will introduce graphic health warnings.

15. An investment case for priority best buy interventions is currently being developed between the Ministry of Health, RTI and the Institute for Health Metrics and Evaluation at the University of Washington.

16. Private sector collaboration is being encouraged across the continuum from NCD prevention and health promotion, through care and treatment policy to palliation and rehabilitation.

17. Targeted NCD indicators will be integrated into Kenya’s existing health management information system platform.

Next steps

1. The National NCD Strategy (2015-2020) will be implemented.

2. The investment case needs to be costed and developed.

3. Additional financial resources are required to support the: (a) implementation of the national integrated NCD prevention and control strategy; (b) finalization and dissemination of draft policy documents, strategic plans, action plans and guidelines, etc; (c) finalization, launch and dissemination of STEPs survey results at national and county levels; and (d) sensitization and capacity building in Kenya’s 47 counties.