Partners In Health Intervention Statement: UN Interactive Hearing on NCDs

July 5, 2018

Chairperson and distinguished delegates –

Partners In Health, supported by Harvard Medical School, stands alongside our many colleagues advocating for NCDs as an essential part of UHC and the 2030 sustainable development agenda. We must also lead with a rights based approach, recognizing the global scale of the NCD, injury, and mental health burden and in particular, the needs of the world’s poorest and most vulnerable.

As a childhood cancer survivor [Hodgkin’s lymphoma] and person living with a severe and chronic immune disorder, I am acutely aware of the challenges people living with NCDs face in any setting. At the same time, my ability to access timely and effective care is in many ways a result of where I live and my socioeconomic status. Illness, death, and disability from NCDIs can be an economic catastrophe for the poor and near poor in low- and middle-income countries, and conditions of poverty increase risk for many NCDIs, while preventing patients from accessing quality care.

We must significantly accelerate progress in addressing these inequities. As we look towards the HLM in September, we ask member states to consider the following recommendations for the political declaration –

1. Preserve language promoting a life course approach to NCDIs, inclusive of the millions of children and young adults who do not currently fall within WHO’s definition of premature mortality from NCDs. We also ask for greater attention to gender equity, in order to better account for the gendered dimensions of the NCD burden.

2. Expand the document’s framing to include NCDI conditions and risk factors beyond the “4x4”. Much of the excess NCD burden among the poor can be explained by infectious and environmental risks and lack of treatment.

3. UHC and the SDGs will not be achieved unless we preserve and strengthen the focus on the equitable delivery of integrated NCDI care and prevention, emphasizing scale-up of interventions informed by country-led priority setting and reflective of the local disease burden. There are proven strategies that work, even in the poorest settings, and training and retention of health workers is paramount to capacity building at all levels of the health system.

4. Recognize that lowest-income countries do not have the resources to adequately address NCDIs. We must commit to catalytic donor support, innovative financing mechanisms, and increased technical assistance in order to address these gaps, and better position governments to progressively increase their share of health spending for NCDIs.
5. Ensure strong data and accountability mechanisms, disaggregated by age, gender, geography, and SES in order to better address the NCDI burden inclusive of all populations.

Most importantly, we must more meaningfully include the voices of people living with NCDIs and mental illness, their families, caregivers, and local implementers, in every step of the policy process, particularly those in settings of extreme poverty who are often hardest to reach.