



Indicators of the NCD challenge ...Time to Act



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My Big 4 Action Plan

1. Food Security
2. Affordable Housing
3. Manufacturing
4. Affordable Healthcare
for all

Points to ponder

**Bloomberg
Businessweek**



- ◆ Burden
- ◆ State of play
- ◆ Reflections: Where did we go wrong
- ◆ A few challenges
- ◆ NCD as a developmental agenda
- ◆ Ingredients for leapfrogging
- ◆ Reflections:
 - Are we ready?
 - Are we committed
 - Are we serious

Putting NCD in economic perspective

"If unchecked, NCDs have the potential of crippling Growing economies; success will only come by focusing resources on people, not their illnesses; on health, not their disease"..... Ban Ki Moon

"NCDs are a disaster in slow motion"
....."These are the diseases that break the bank".
Dr. Margaret Chan, Director-General of WHO

"The World Economic Forum ranks NCDs above climate change and alongside the global financial crisis in terms of the global threat they pose.

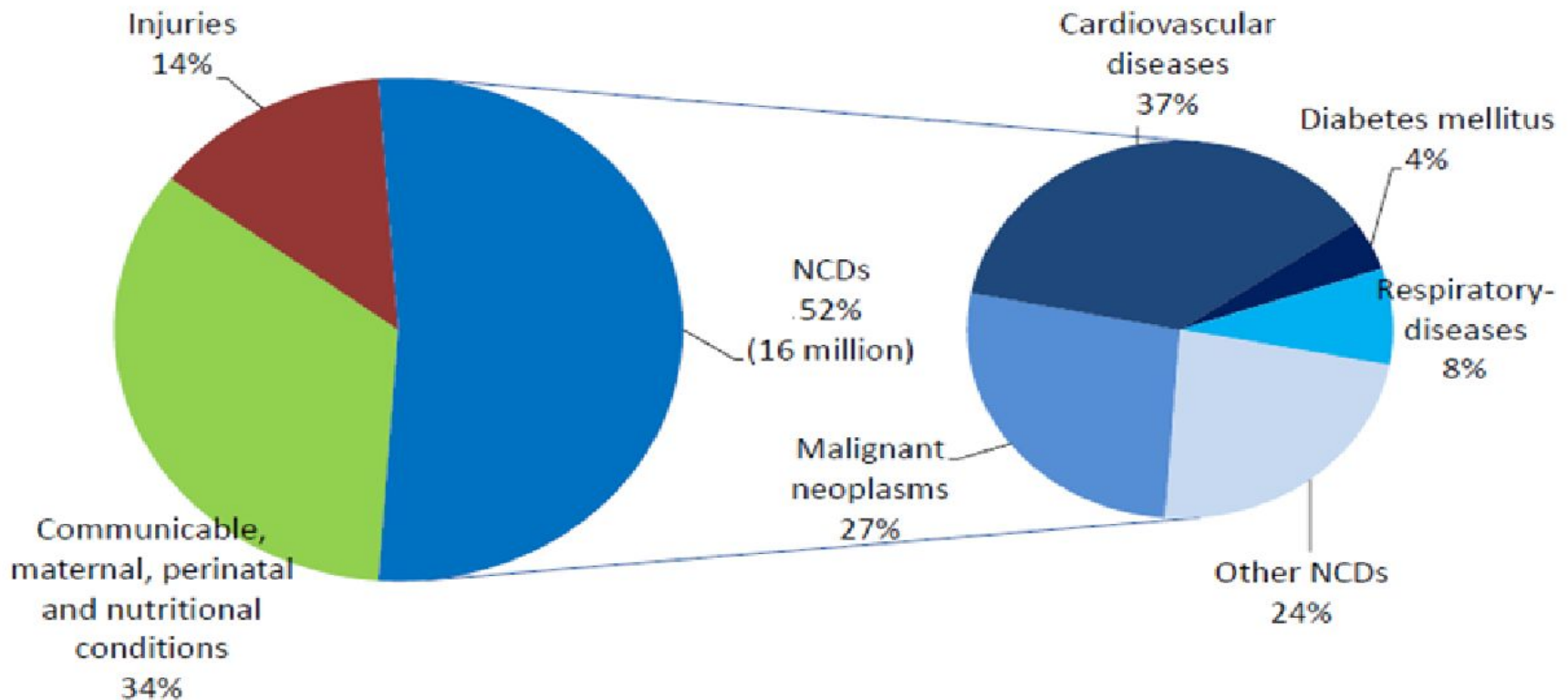
Cost of inaction > cost of action



Global Pandemic

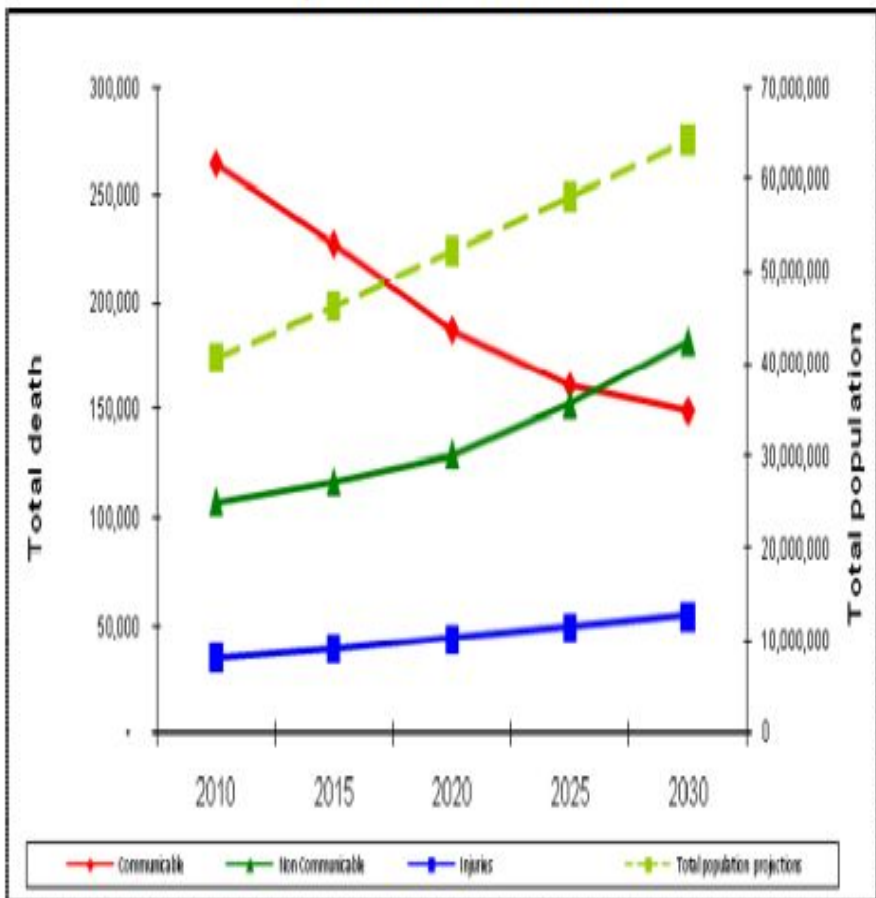
Premature mortality

Proportion of global NCD deaths under the age of 70

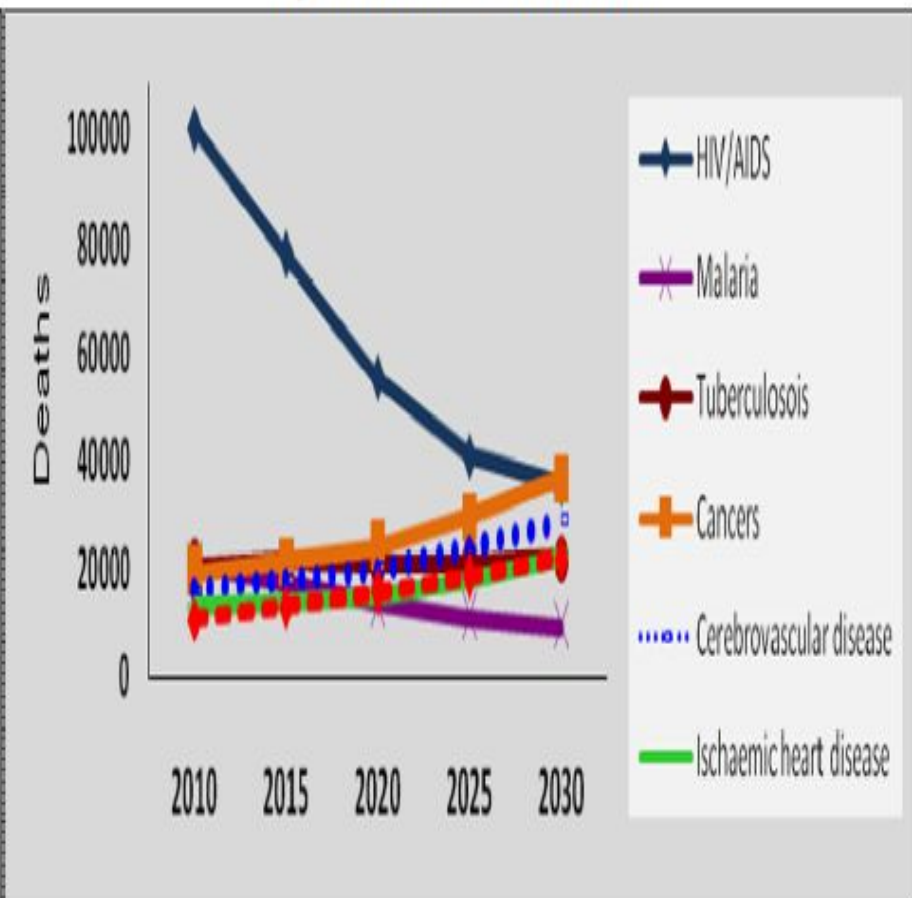


Health projections 2011-2030

By disease domain



by disease condition

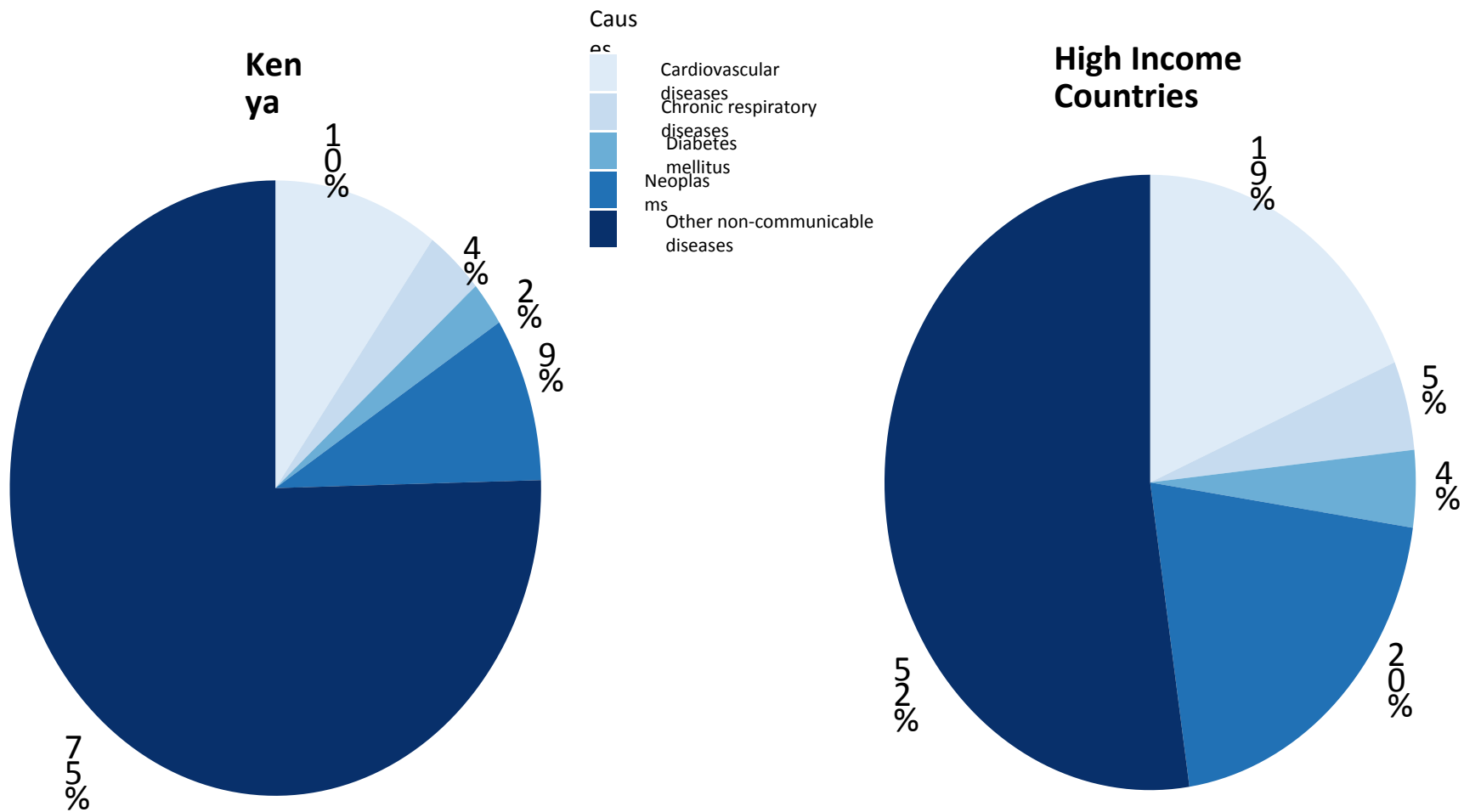


Writing on the wall

"The **poorest groups** not only bear higher risks for NCDs but, once they develop an NCD, they also face **higher health and economic impacts**. The poor have **less access to medical care**, allowing NCDs to progress to advanced states resulting in **higher levels of mortality and disability**. Given their complexity and chronic character, medical expenditures for treatment of NCDs are a major **cause for tipping households into poverty**."

.....AMARTYA SEN- Nobel Laureate in Economics

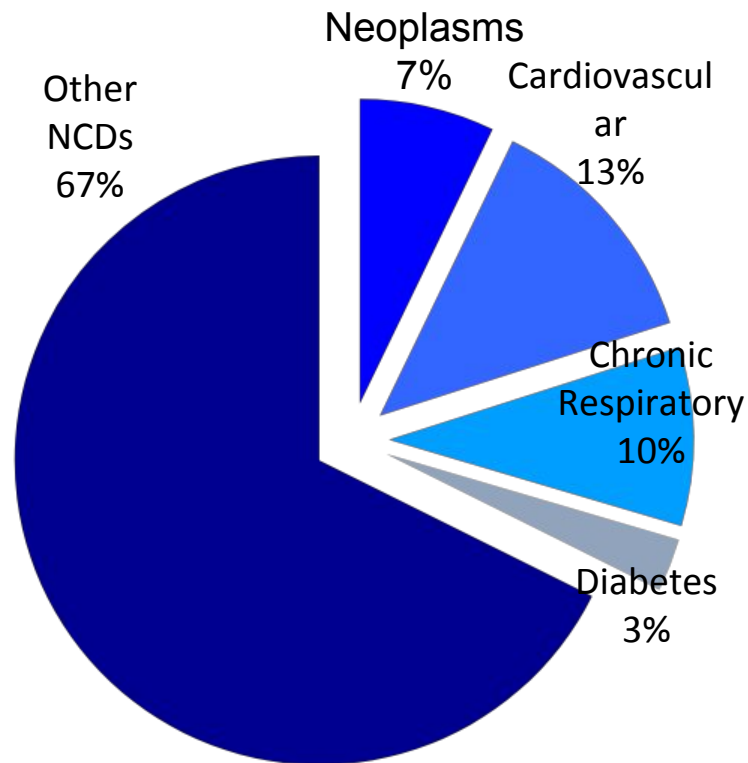
Burden of NCDs is very diverse



Source: GBD
2015

models for Kenya, the four main NCDs explains roughly 1/3 of the NCD burden

Kenya NCD Burden (DALYs) - GBD 2010



The other 2/3rd of DALYs (in %) was due to among others

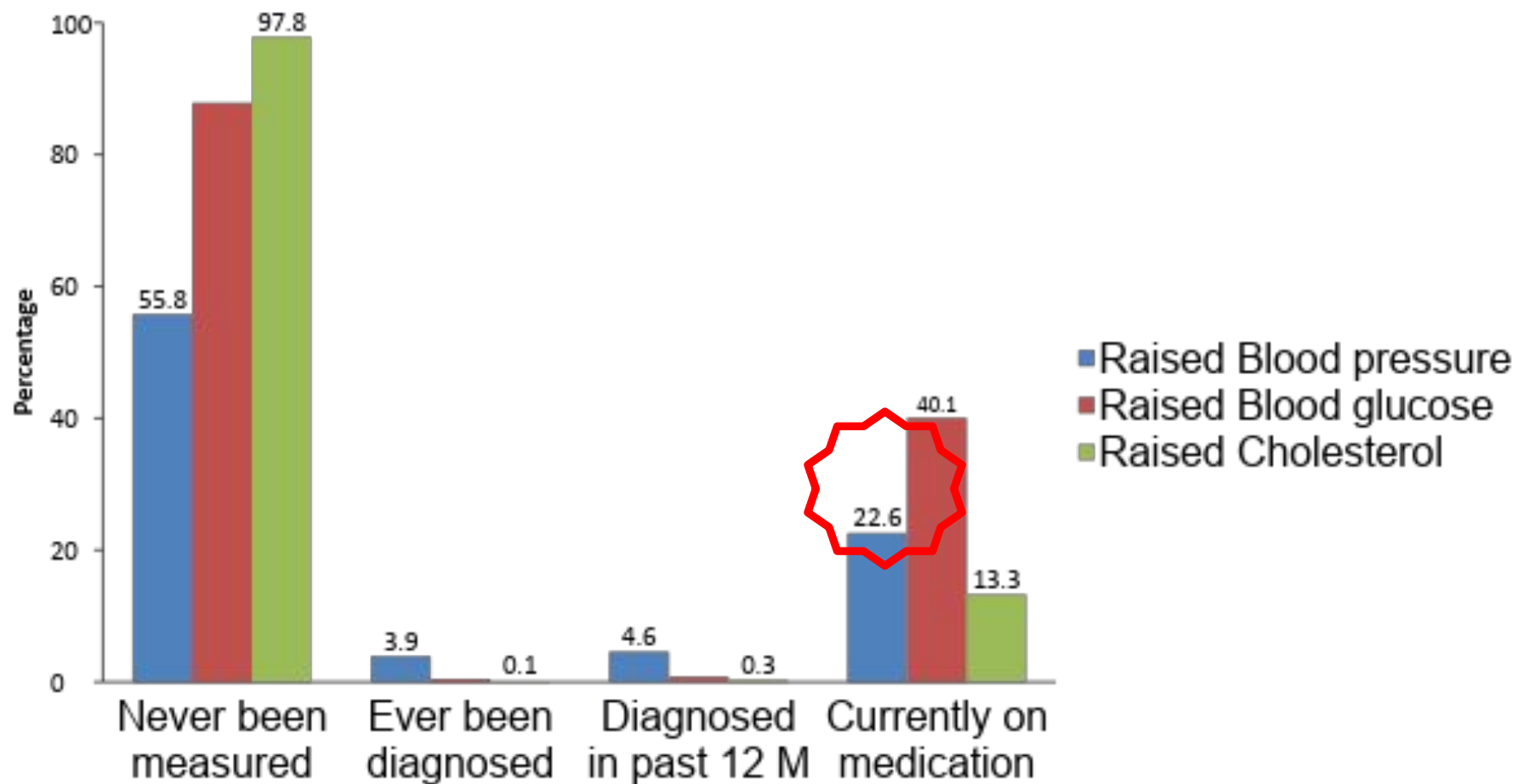
- Mental and behavioral disorders: **19.1**
- Neurological disorders: **7.2**
- Musculoskeletal disorders: **13.7**
- Urogenital, blood disorders, other endocrine disorders **7.6**
- Congenital anomalies: **5.5**
- Various other: **14**

The local State of Play.....

- High levels of unawareness
- Poor data and surveillance platforms
- Treatment capacity wanting
- Poor MSA
- Apathy for upstream interventions
- Challenges in Access
- "Treatment Vs Control"
- Poor financing/utilization
- Community/ primary care component weak



A ticking time Bomb....



Control cascades-hypertension

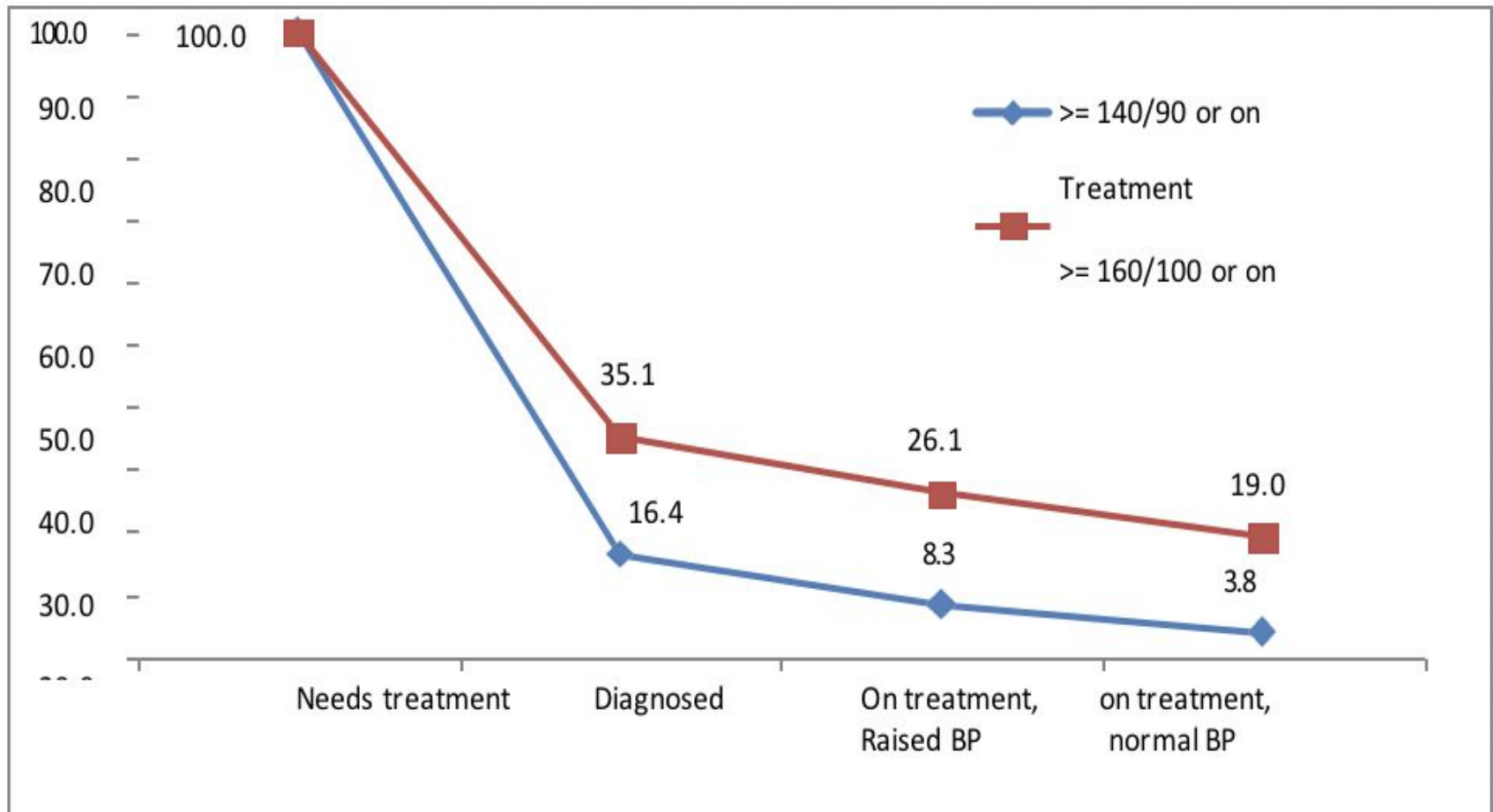
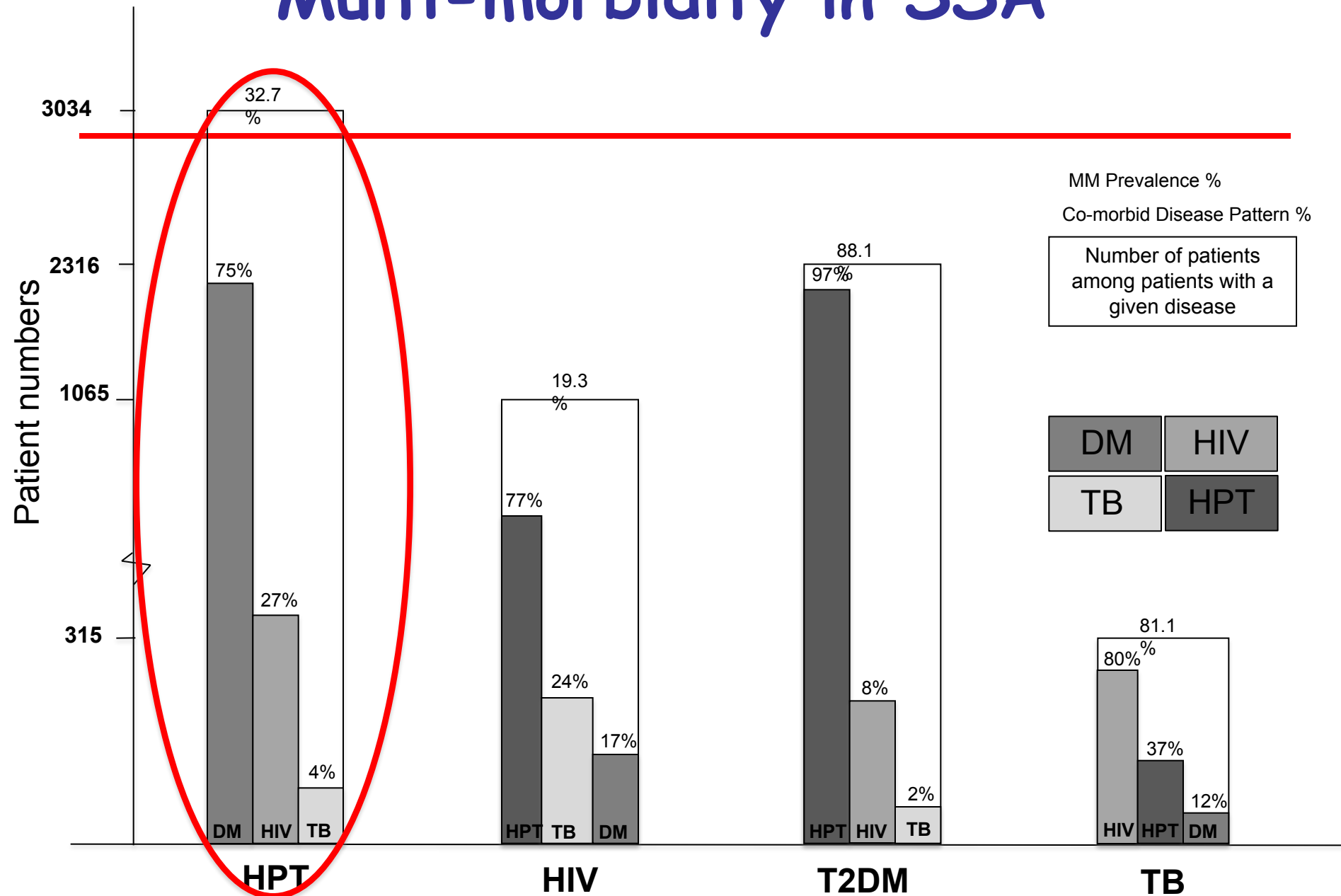


Figure 2; Diagnostic coverage and effective hypertension treatment coverage among adults 18-69 years, both sexes, by level of raised blood pressure, STEPS 2015

Multi-morbidity in SSA



Tortuous Road taken....



Global Challenges of NCDs ...and the evolution of the Kenyan Response

APATHY

Only in hospital setting
Quietly Whining In funerals
(2000)

ATTENTION

Politicians living with Cancer
boldly come out
(2011)

POST 2015...ACTION ?

- Finally At the policy table!
- Strategic partnerships
- Bold leadership?
- Domestic financing?
- MSE?
- Sustained long term momentum?

WHO's strategy to raise the priority accorded to NCDs on national agendas

By 2030, reduce by one third premature mortality from NCDs

2030 milestone: NCD-related targets in the SDGs

2025 milestone: 9 voluntary global NCD targets

2018 milestone: Four time-bound commitments

Components of national NCD

Governance

Risk factors

**Health
systems**

Surveillance

**2011 UN
Political
Declaration
on NCDs**

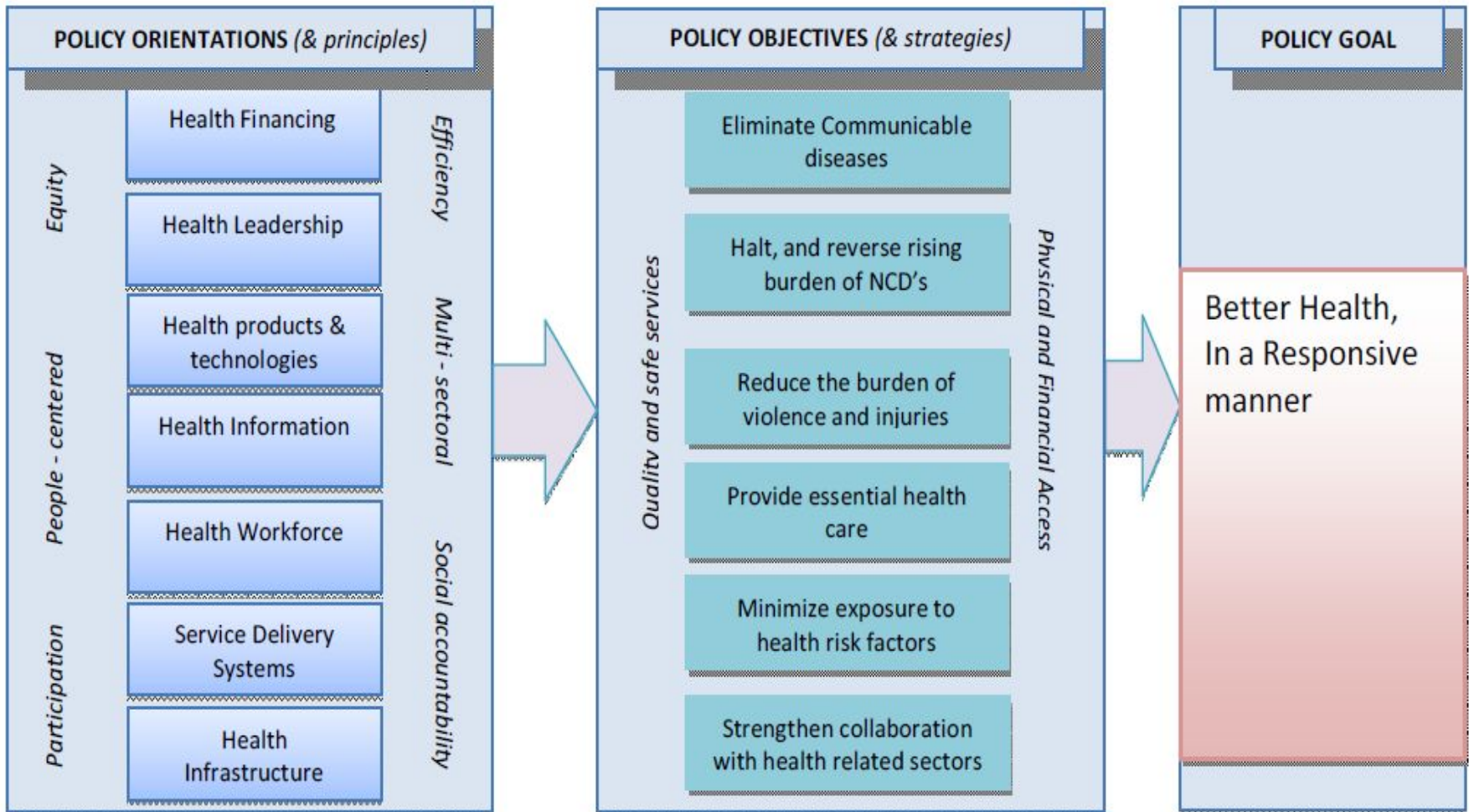
**2014 UN
Outcome
Document
on NCDs**

**WHO Global
NCD Action
Plan
2013-2020**

**WHO
Regional
NCD Action
Plans**

**Sustainable
Development
Goals**

Framework for Kenya health Policy directions 2012-2030



'25 by 2025

25% reduction in
premature mortality
from NCDs by 2025

.....Ambitious yet attainable



GLOBAL 2025 TARGET
 PHYSICAL
 INACTIVITY
10%
 REDUCTION

2025 GOAL
 PREMATURE
 MORTALITY
25%
 REDUCTION



GLOBAL 2025 TARGET
 HARMFUL
 USE OF
 ALCOHOL
10%
 REDUCTION



GLOBAL 2025 TARGET
 TOBACCO
 USE
30%
 REDUCTION



GLOBAL 2025 TARGET
 DIABETES/
 OBESITY
0%
 INCREASE

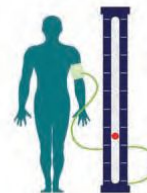


GLOBAL 2025 TARGET
 SALT/SODIUM
 INTAKE
30%
 REDUCTION

GLOBAL 2025 TARGET



80%
 AVAILABILITY
 OF ESSENTIAL
 MEDICINES
 AND BASIC
 TECHNOLOGIES
 TO TREAT CVD
 AND OTHER NCDs



GLOBAL 2025 TARGET
 RAISED BLOOD
 PRESSURE
25%
 REDUCTION



GLOBAL 2025 TARGET
50%
 OF ELIGIBLE
 PEOPLE RECEIVING
 DRUG THERAPY
 AND COUNSELLING
 TO PREVENT
 HEART ATTACK
 AND STROKE

Taking stock

Leadership and governance

- Expansion of the division with strong units
 - NCD control unit, cancer control, VIP, tobacco and substance abuse, Health and ageing.
- Increase on number of staff
- Establishment of NCD focal points at county level

policies, legislation and strategic direction

- Cancer prevention and control act 2012,
- cancer prevention and control strategy 2017-2022
- NCD prevention and control strategic plan 2015- 2020
- Violence and Injury prevention action plan 2018-2022
- Tobacco control regulations
- National diabetes control strategy

Treatment guidelines and capacity building

- Cancer treatment guidelines,
- Cardiovascular guidelines,
- Tobacco cessation guidelines.
- Diabetes management guidelines
- palliative guidelines
- Epilepsy treatment guidelines
- Sickle cell Anemia treatment guidelines

Taking stock

Coordination and partnerships

- Access programs (CDIC, HHA, BOP, NA.....)
- ICC
- Projects and pilots
- Capacity building exchanges
- Integration programs
- Champions

Research and surveillance

- STEPS 2015
- SARAM
- KDHS
- KAIS
- Stand alone research

Health promotion and Advocacy

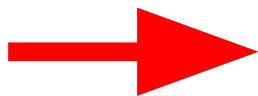
- Media campaigns
- Church/community platforms
- Social media
- School health program
- Patients support groups and champions
- NCD Champions

A country in transition...

From Uhuru (1963) to Uhuru (2018)



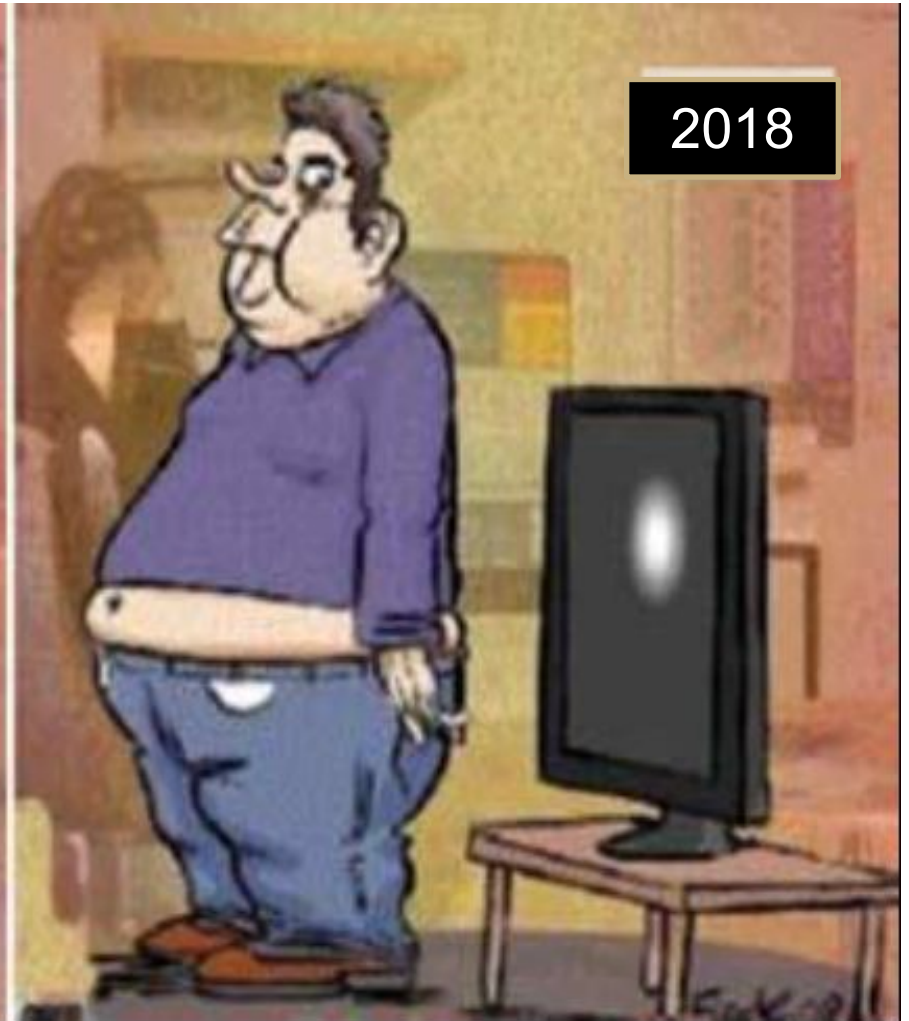
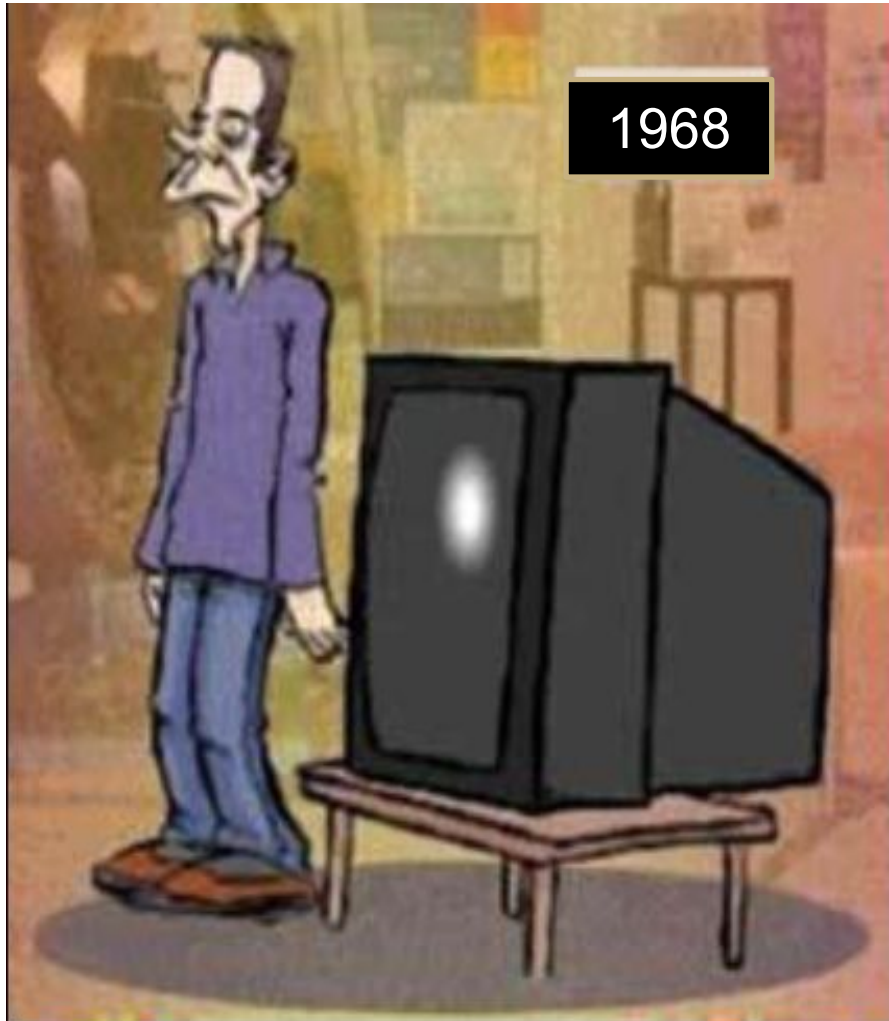
1. Disease,
2. Ignorance
3. Poverty



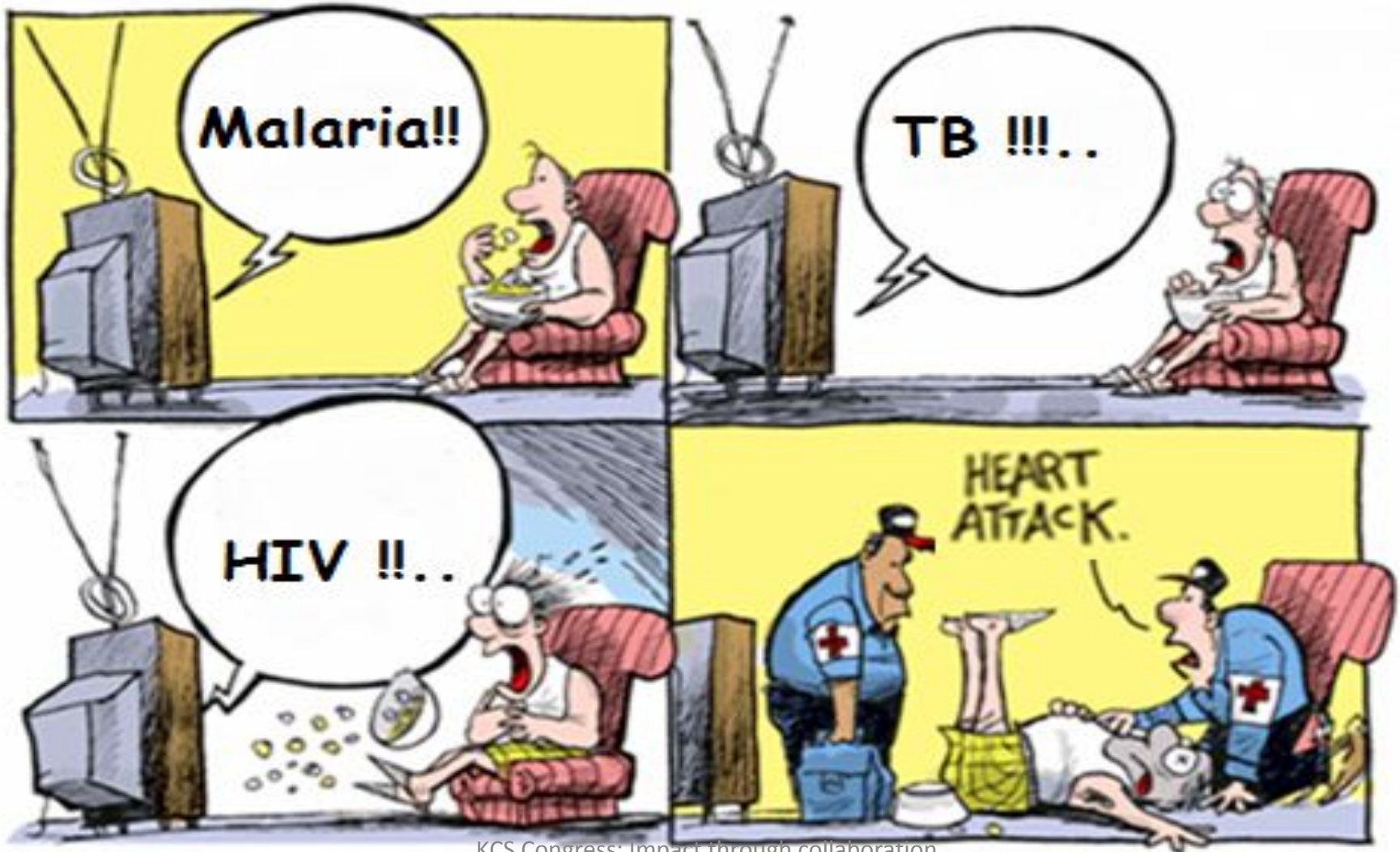
The big 4
+

Poverty, floods, Matatu strike, Tobacco control, BABA, Terrorism, HIV, Cholera, Form 34 B, Sosion, Migingo, RTAs, Hand shake **NCDs**

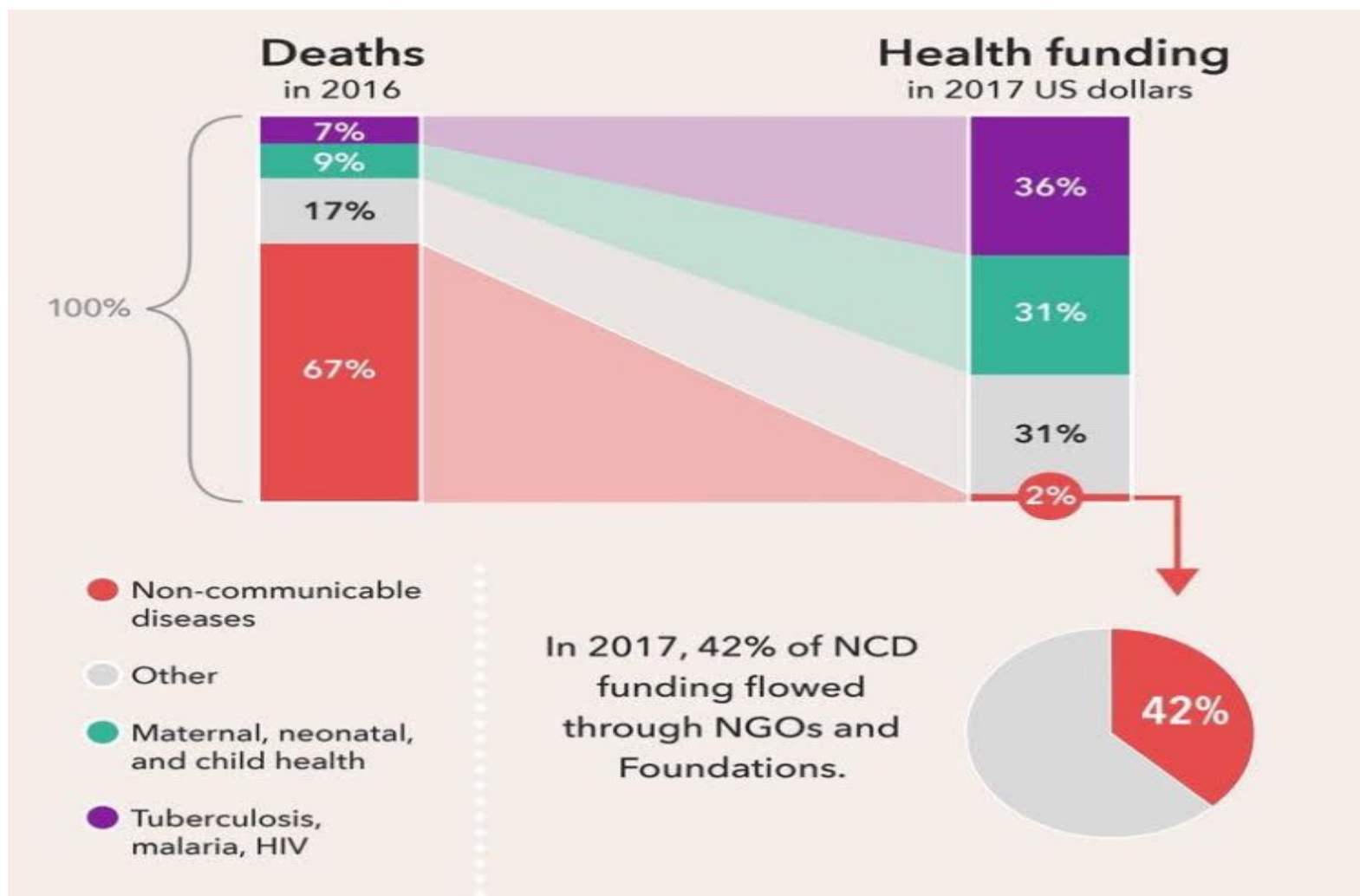
Changing times indeed....



The news and agenda paradox....

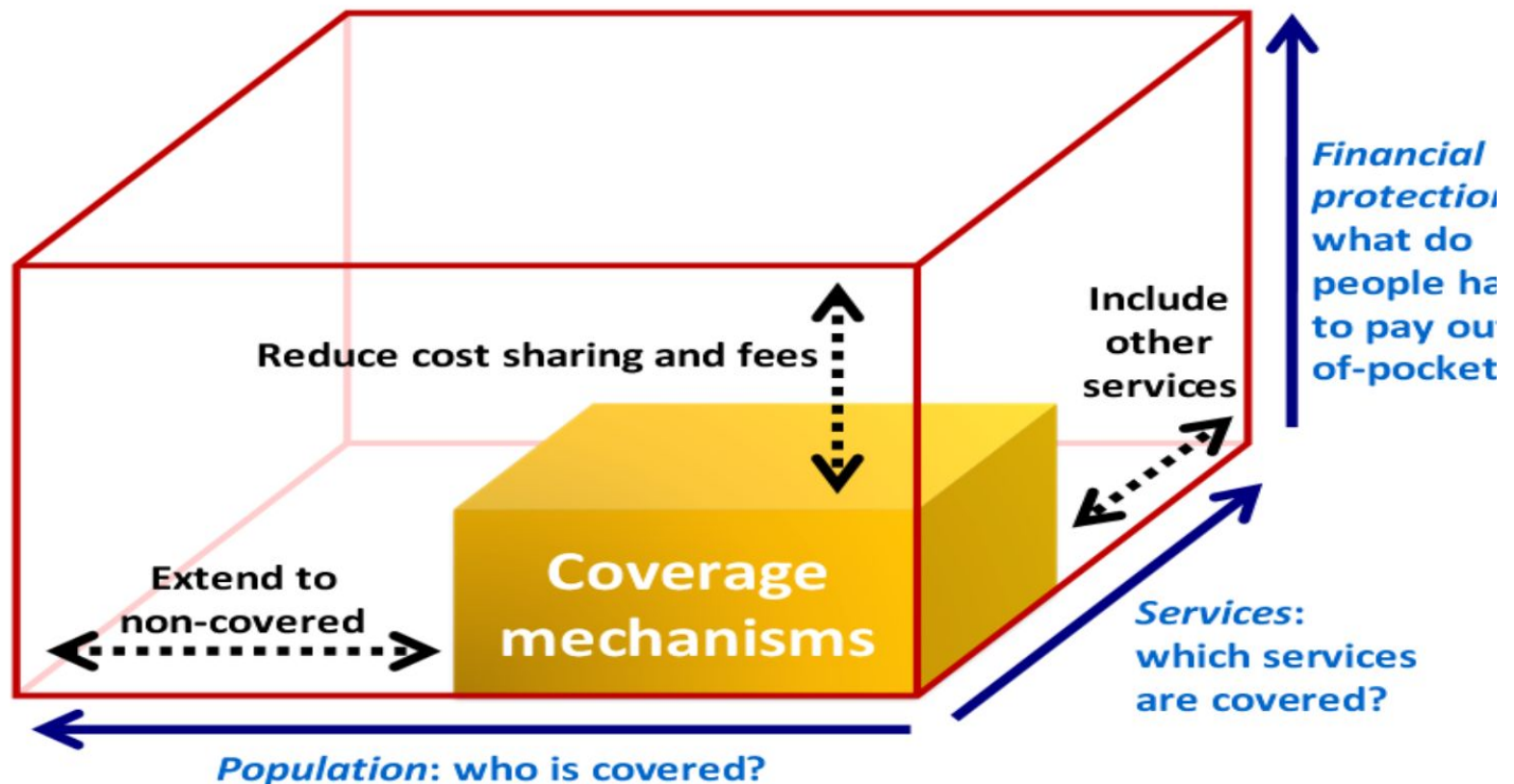


Funding indicates attention...



Back to the drawing board
....Taking advantage of the UHC debate

Towards universal coverage

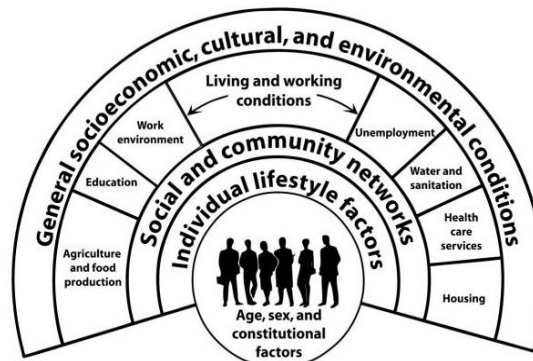
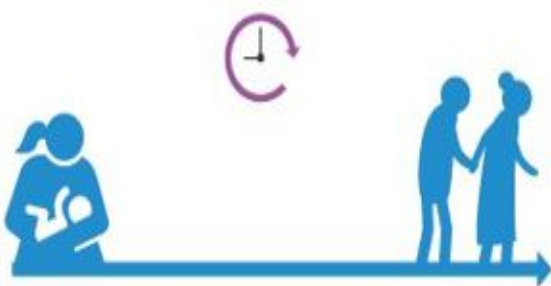


But where are public health interventions?

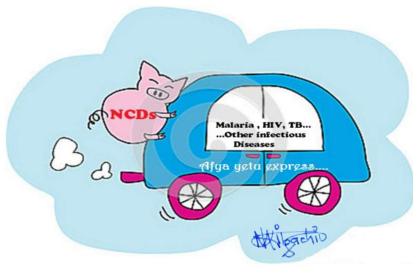
Indicators of the NCD challenge

- ◆ Data issue
- ◆ Long term thinking at population level
- ◆ Empowerment of communities
- ◆ Addressing access
- ◆ Domestic financing and integrated care
- ◆ MSA
- ◆ Cascading care
- ◆ Leapfrogging the NCD capacity
- ◆ Joint national and county frameworks
- ◆ Indicators of success

Strategic Priorities



Reduce **modifiable risk factors**



System integration



Improve surveillance



Patient empowerment

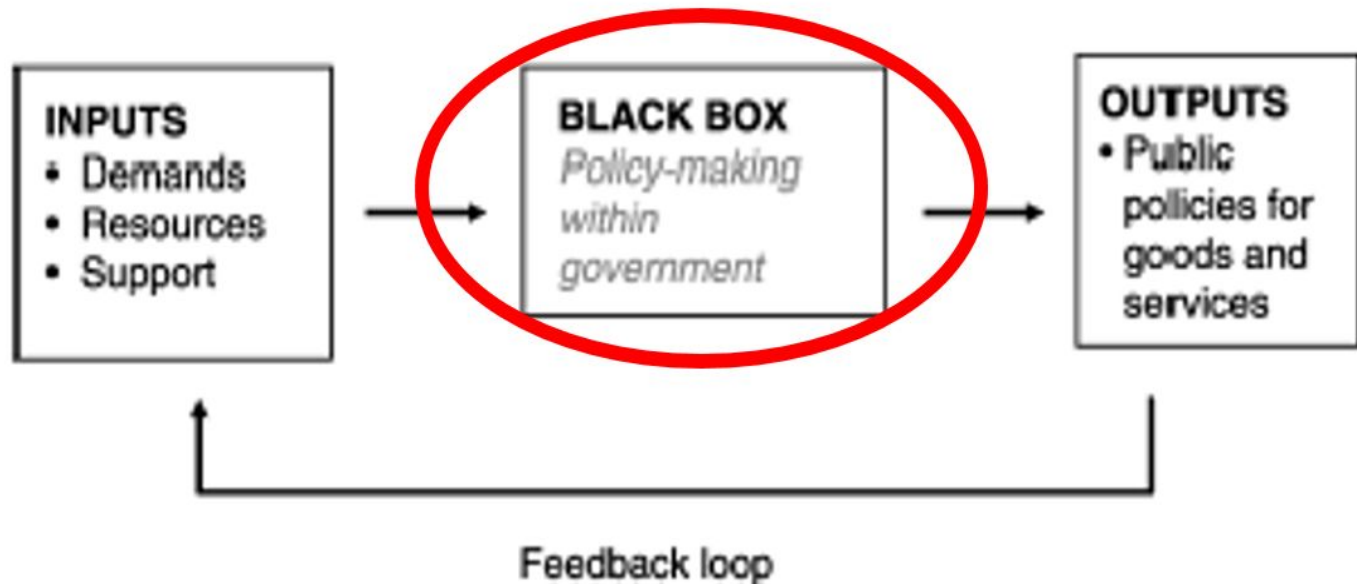


Expand coverage of essential medicines and technologies



Strengthen health systems

How do you affect what happens in the "the black box"



Easton's political systems model

Source: Adapted from Easton (1965)

"You are either at the table or in the MENU"

Broadening our reach

Working across sectors to improve health and NCDs

NCDs are now a universal priority. All governments must urgently take action if they are to meet these 2030 targets. Investing in efforts to reduce the global NCD burden will not only improve health outcomes, it will also accelerate progress on many other SDGs.



Patient empowerment- ...Informed decision making



62% of diabetes undiagnosed...sitting on a time bomb



Proportion of cases of diabetes (20-79 years) that are undiagnosed, 2013

Number of people with diabetes (20-79 years), 2013

Primordial thinking

"The **poorest groups** not only bear higher risks for NCDs but, once they develop an NCD, they also face **higher health and economic impacts**. The poor have **less access to medical care**, allowing NCDs to progress to advanced states resulting in **higher levels of mortality and disability**. Given their complexity and chronic character, medical expenditures for treatment of NCDs are a major **cause for tipping households into poverty**."

.....AMARTYA SEN- Nobel Laureate in Economics

Cardiopulmonary arrest!!!

MEDICAL CERTIFICATION

7. MARITAL STATUS: (a) Married (b) Divorced (c) Single (d) Widowed

8. PLACE OF DEATH: Mukurundi Hospital, Mukurundi
Health Institution/Sub-location or estate and town. District

9. USUAL RESIDENCE: ICHAMARA, Mukurundi
Sub-location or estate and town. District

10. LEVEL OF EDUCATION Class 7 11. OCCUPATION FARMER

12. CAUSE OF DEATH (PRINT IN BLOCK LETTERS, DO NOT ABBREVIATE)

IMMEDIATE CAUSE: disease or condition directly leading to death (a) [REDACTED]
Due to

ANTECEDENT CAUSES: Morbid conditions, if any, which [REDACTED]
(b) [REDACTED]
Due to stating the underlying condition last

(c) [REDACTED]

OTHER SIGNIFICANT CONDITIONS: Contributing to death but not related to (a) _____

13. CERTIFICATE: I certify that:
(a) I attended the deceased before death or
(b) I examined the body after death; or
(c) I conducted a post-mortem examination of the body, and that the above information is correct to the best of my knowledge.

Tick as Appropriate

14. NAME [REDACTED] 15. TITLE [REDACTED]

16. DATE 25/02/13 17. SIGNATURE [REDACTED]

18. DATE 25. 2. 13 19. REGISTRATION ASSISTANT FOR: _____
Day Month Year (Name of health institution)

20. SIGNATURE [REDACTED]

21. DISTRICT MUKURUNDI 22. REGISTRATION No. 0311300333

23. DATE 28 FEB 2013

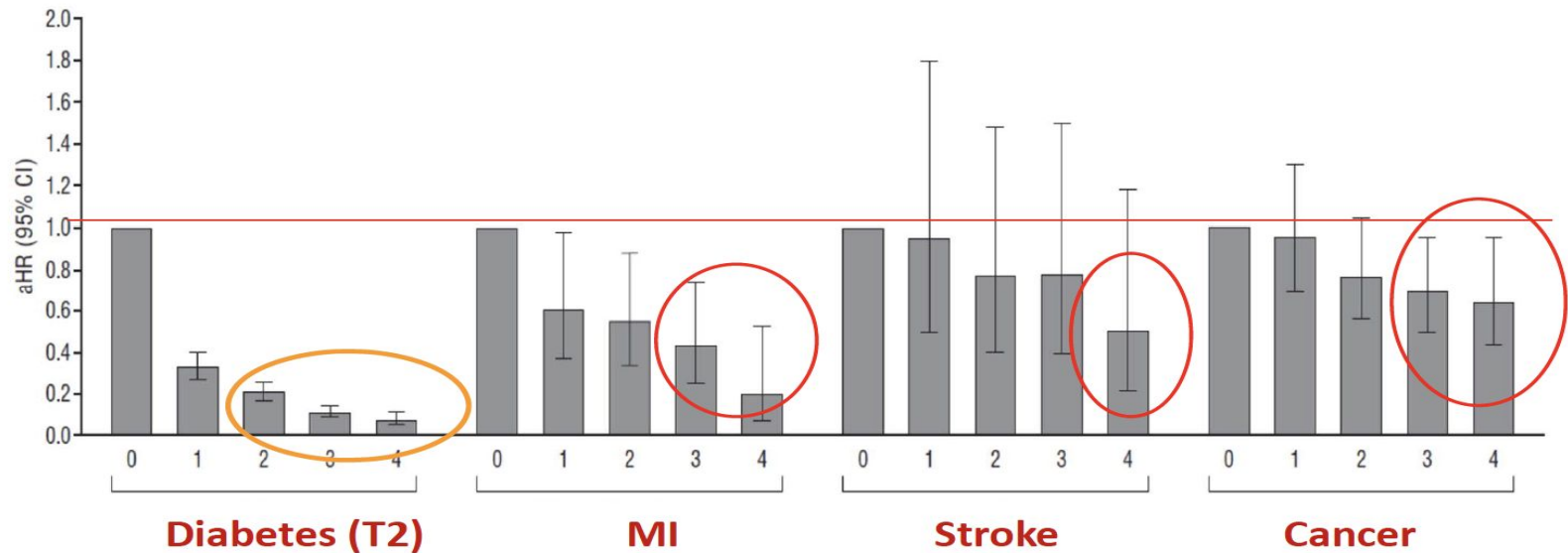
REGISTRATION ASSISTANT

TRAR

Behavior change

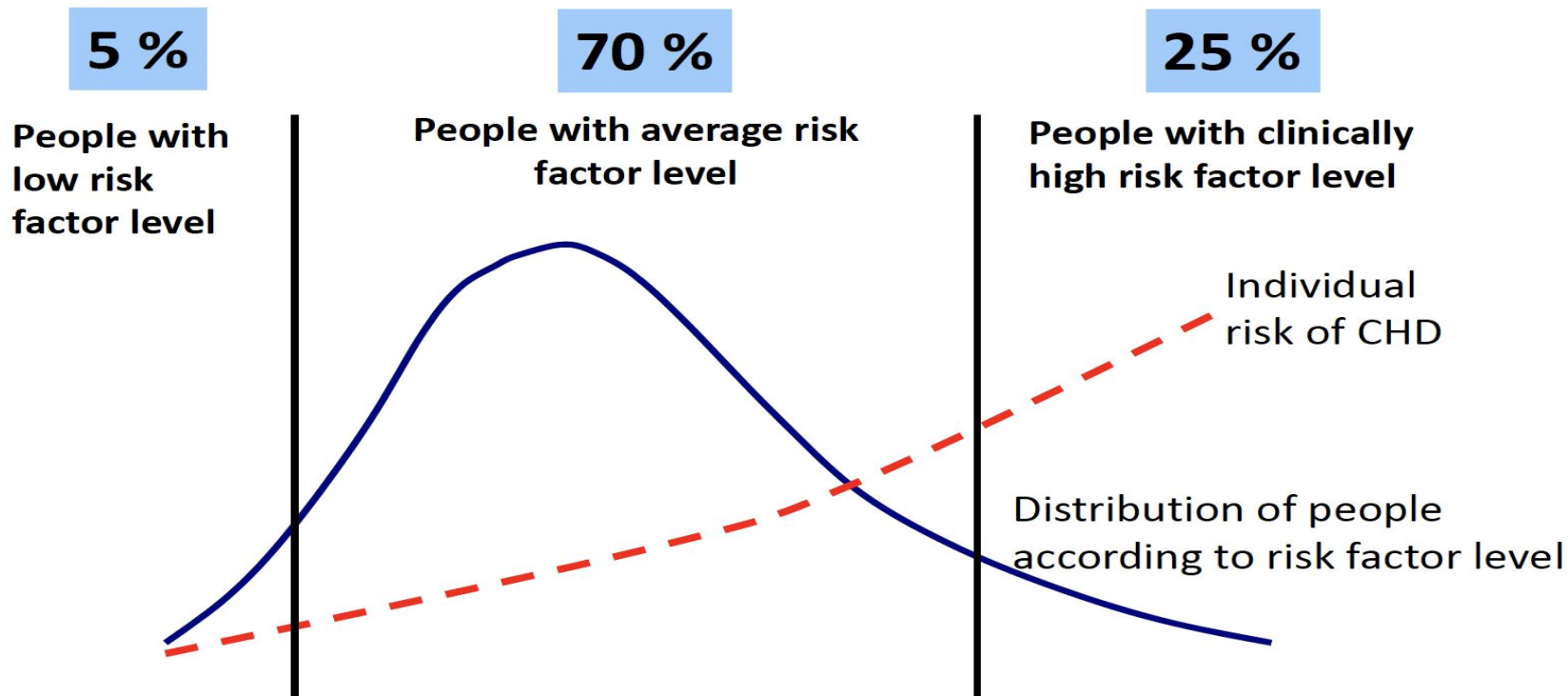
NCDs can be largely prevented by 4 healthy behaviors

No smoking, regular PA, healthy diet and lean weight; 23'153 participants 35-65 yr, EPIC-Potsdam

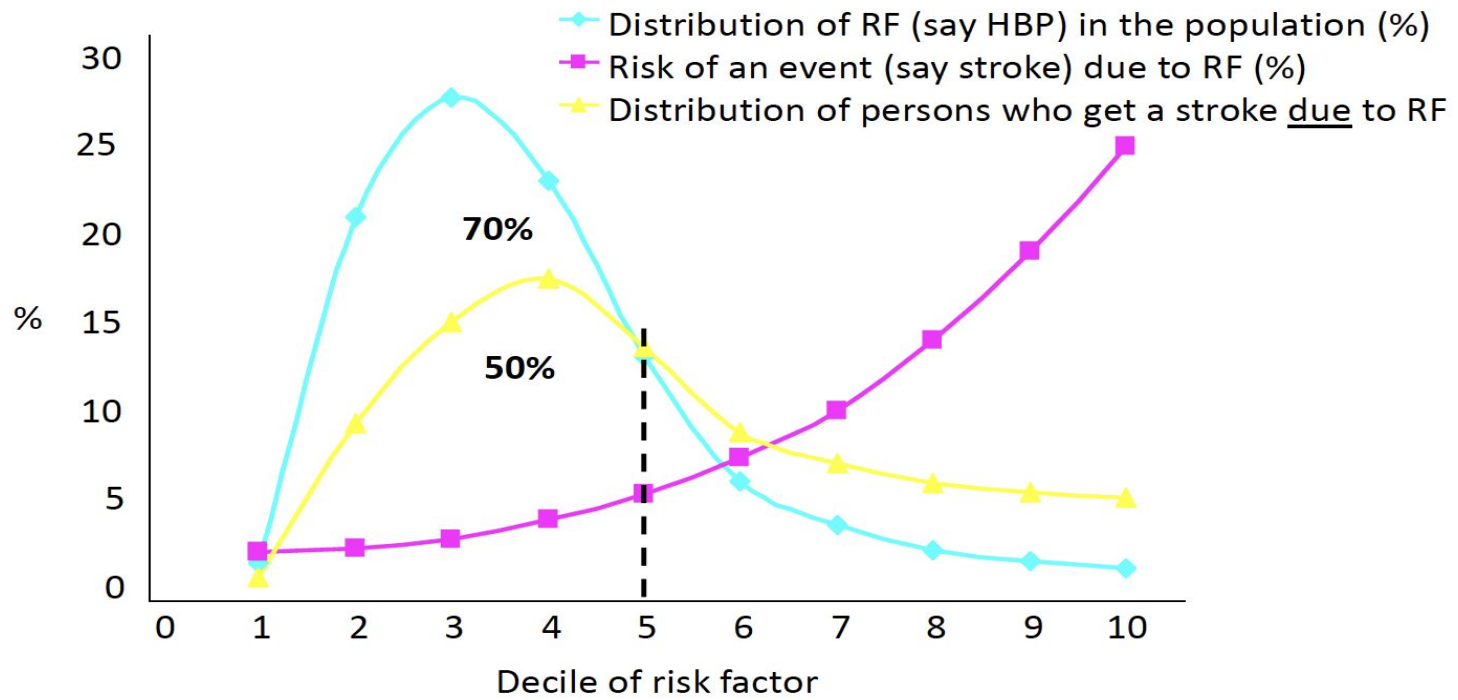


Ford ES et al. Healthy living is the best revenge. Findings from the European Prospective Investigation Into Cancer and Nutrition–Potsdam Study. *Arch Intern Med* 2009;169:1355-62.

The "prevention paradox": theoretical presentation of the difference between individual risk and the proportional attributable risk



The majority of CVD events in a population arise from the majority of persons with low/intermediate RF levels: “the prevention paradox”



Strategies to prevent NCDs in the population

“Primary prevention: avoid occurrence of new cases”

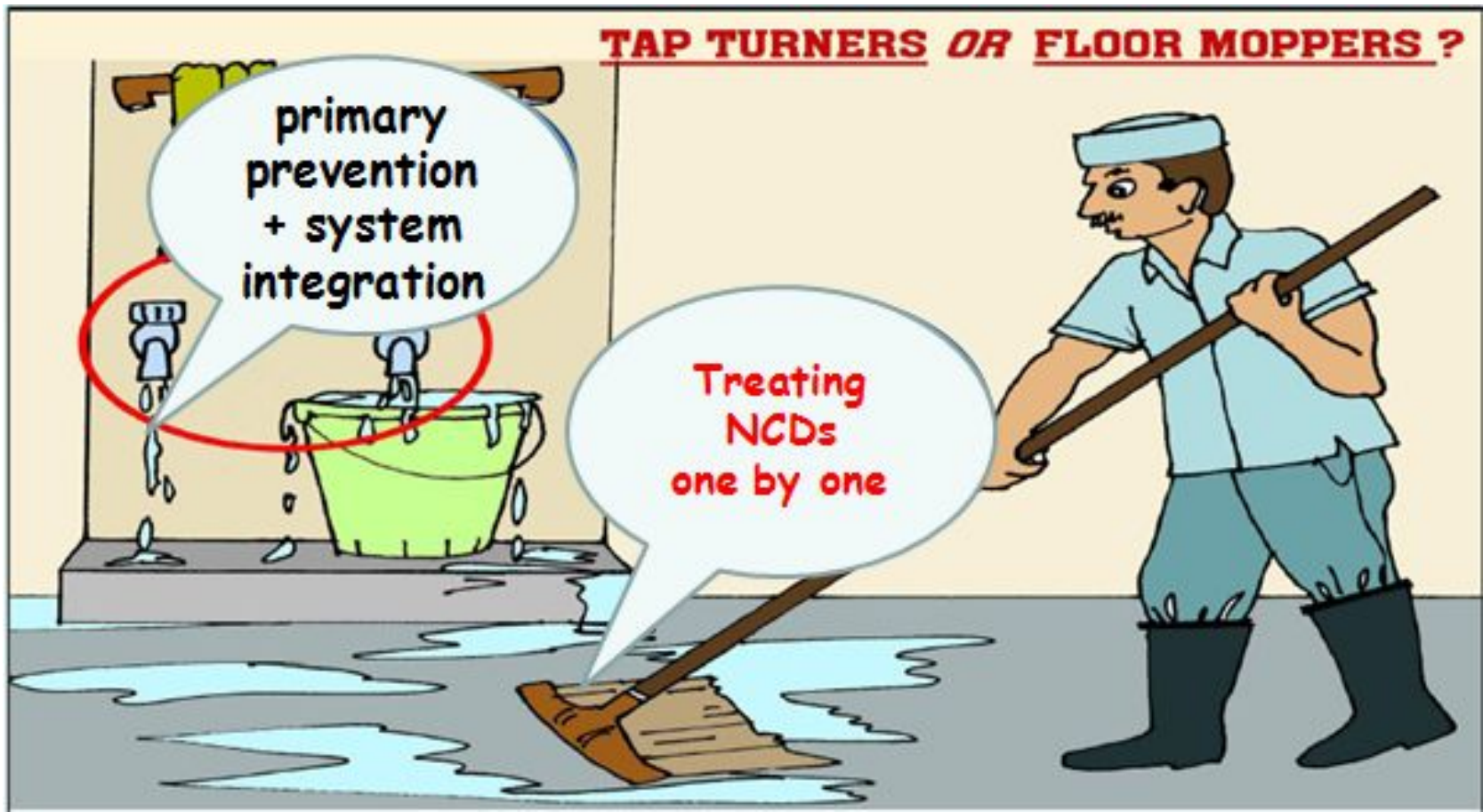
❖ Reduce RF levels in all individuals: population strategy

- Create conducive environment enabling adoption of healthy lifestyle
- e.g. legislation, tax, financial incentives by government
- Small effect in individuals but large impact at entire population level
- Does not require behavior change, can be rapidly effective
- Often very cost effective (can even generate revenue: tobacco tax)
- “Good for all”

❖ Detect and treat high-risk individuals : high-risk strategy

- Screening (e.g. HBP, diabetes) and treat before complications occur
- Large effect in few people but small impact at population level
- Requires behavior change at individual level (compliance to

Thinking upstream...Primordial prevention

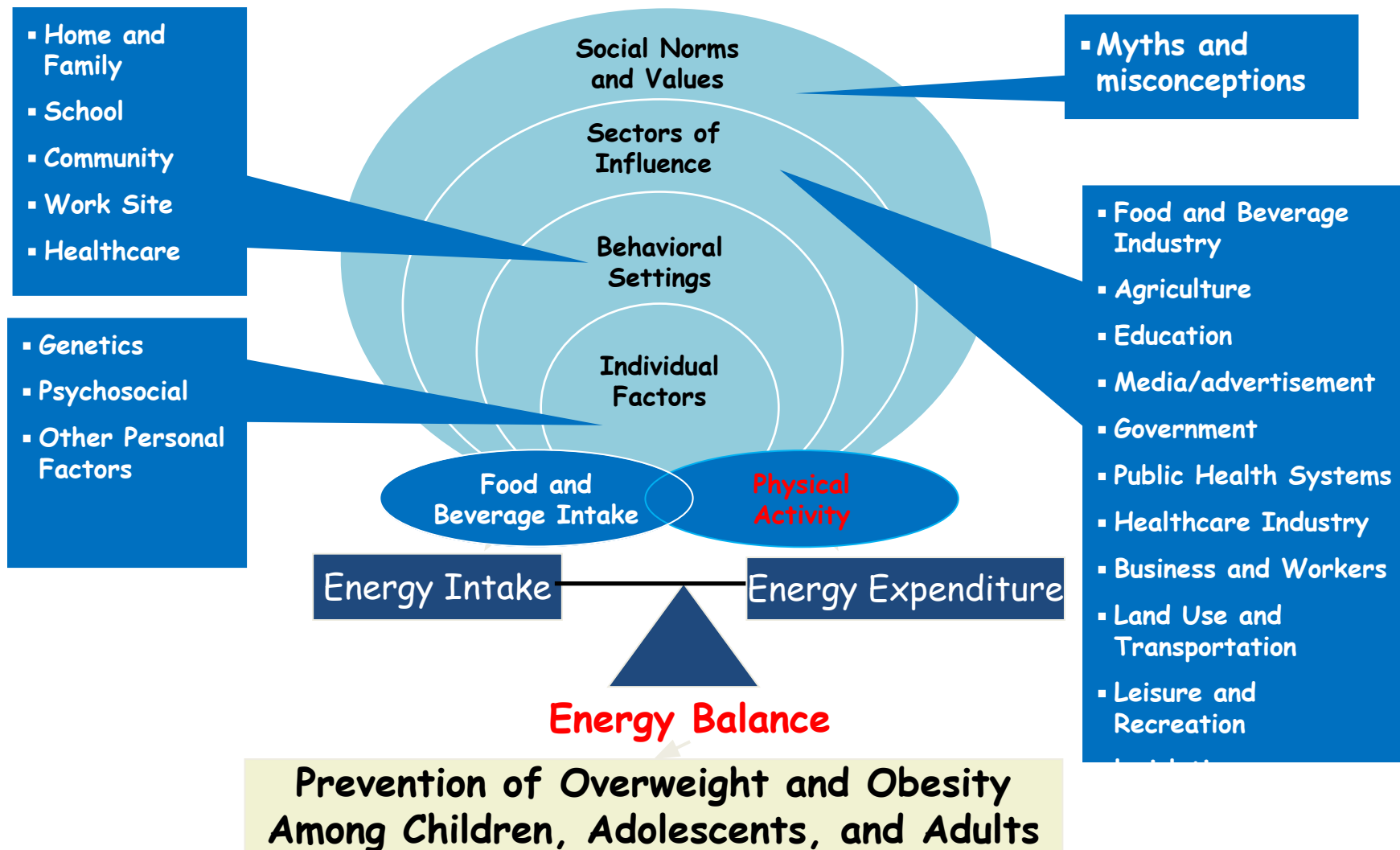


Tap turners or floor moppers?
.....looking at the big picture....

ingredients

- ◆ Behavior change for health
- ◆ Comprehensive tobacco control policies
- ◆ Taxation to reduce the intake of foods that are high in fat, sugar and salt
- ◆ Building walking and cycle paths to increase physical activity
- ◆ Upstream Strategies to reduce harmful use of alcohol
- ◆ Providing healthy school and home meals to children.
- ◆ Pollution and carcinogenesis
- ◆ Community/primary care platform
- ◆ Capacity building for care

Multi-sectoral approach- ...eg...obesity



Bottlenecks to MSA

- ◆ lack of high-level political commitment***
- ◆ Divergent and occasionally conflicting mandates of stakeholder ministries
- ◆ Insufficient involvement of civil society
- ◆ Ignorance/denial
- ◆ Industry interference

Do we need a multisectoral coordination mechanisms?

- ◆ Provide political leadership and guidance to relevant sectors for the prevention and control of NCDs.
- ◆ Enhance the integration of NCD prevention and control in the policies and programs of relevant ministries and government agencies.
- ◆ Provide a dynamic platform for dialogue, stocktaking and agenda-setting, and development of public policies for NCD prevention and control.
- ◆ Facilitate development and resourcing of the multisectoral action plan on NCDs.
- ◆ Coordinate technical assistance for mainstreaming NCDs in the work of relevant sectors at the national and subnational levels.
- ◆ Monitor implementation of the action plan and review progress at the national and subnational levels.
- ◆ Report on intergovernmental commitments pertaining to NCDs.

Economics of NCDs

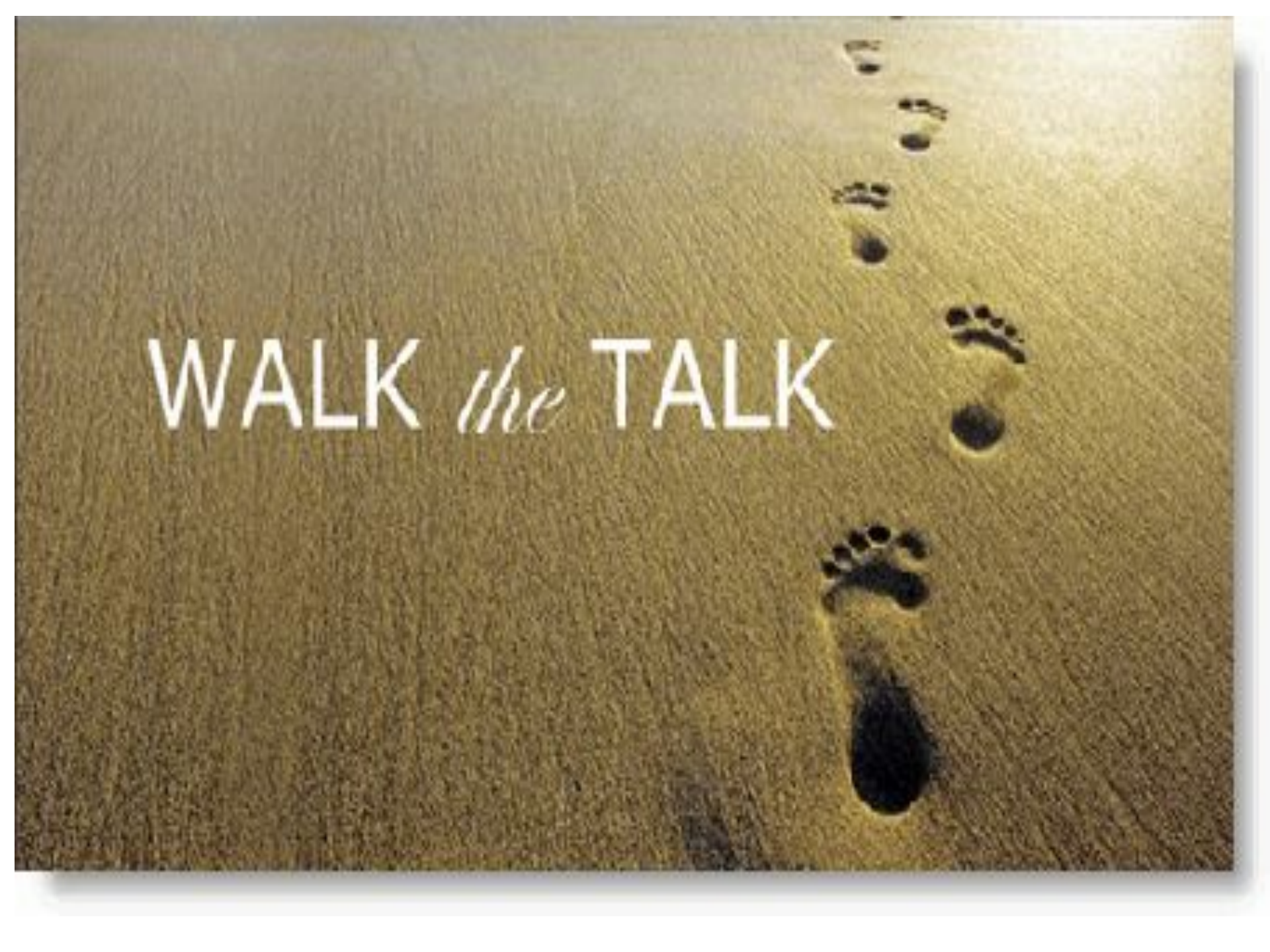


37 % of the
Daly's is NCDI



6.5% of the Total
Health Expenditure

WALK *the* TALK

A photograph of a sandy beach with several footprints in the sand. The footprints are arranged in a line that curves from the top right towards the bottom center. The sand is a light tan color, and the footprints are dark, showing the texture of the sand being displaced. The text 'WALK the TALK' is overlaid on the left side of the image in a white, sans-serif font. The word 'the' is in a smaller, italicized font.