

## Global NCD Alliance Forum Day 2: Vibrant conversations, serious discussion

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Langue Anglais



**This year's Global NCD Alliance Forum has an infectious joie de vivre. This is undoubtedly fostered by the Kigali Convention Centre itself, with its helpful staff, excellent facilities and numerous rooms, ranging from small meeting pods (always full of people chatting, emailing and charging devices) through to the 2,000+-seater auditorium. And we have all been treated to wonderful singing, dancing and drumming at both the opening ceremony, and the opening reception.**

There is a vibrancy and enthusiasm to the proceedings that marks this Forum out as something special – and also makes it easier to network and build relaxed and fruitful connections.

But we are all very aware of the serious side of our time here: there is so much that remains to be done to prevent or delay illness and death from NCDs and mental health conditions. In this context, adequate financing for NCDs, in all parts of the world, is absolutely essential; even – or maybe especially – in these times of global turbulence.

### Community Zone and satellite sessions

The Community Zone opened today: a new addition at this year's Forum. It is a large, dedicated space in which delegates can meet and share ideas – perhaps over a game of table football or table tennis. The Community Stage hosts presentations during lunch and coffee breaks, and there is a Call to Lead wall on which delegates can post messages to world leaders, and an accompanying wall for Post-It notes of suggestions for NCD research priorities. People living with NCDs are at the heart of the zone (and, indeed, the whole Forum), with mini-documentaries of their stories and an exhibition showcasing the NCD Alliance's Our Views, Our Voices initiative.

Sponsored satellite sessions allow for more focused and detailed discussion. This includes innovative financing, specific NCD issues (including action on psoriasis, cardiovascular disease and tobacco-related health problems, and catalysing a social movement for obesity), and strengthening partnership and frameworks.

## 2025 and beyond: leadership in NCDs from grassroots to government

The opening plenary of the day brought a powerhouse panel to the stage, focusing on the need for leadership, both in the run-up to the UN High-Level Meeting (UNHLM) and, crucially, taking the long view into the months and years beyond September.

For **Dr Guy Fones** (NCD Department, WHO), NCD success depends on addressing the chronic underinvestment in programmes and services. He highlighted Rwanda as a champion of the use of health taxes to enhance the domestic fiscal space for NCDs. The WHO Best Buys are a proven, cost-effective solution and are, as **Ferdinant Sonyuy** (Africa NCD Network) noted, 'low-hanging fruit that we need to harvest for action'.

**Dr Anne Gabriel** (Ministry of Health, Seychelles) noted that despite the country's economic development and robust health systems, the country is no healthier because 'NCDs dominate our landscape'. Several of the panellists reiterated the requirement that civil society take a strong stance to counter lobbying by the unhealthy commodity industries.

**Patricia Lambert** (Global Alliance for Tobacco Control) provided a striking analogy: not only does individuals' influence spread out like ripples in a pond to their families, communities and beyond, but these circles need to come back in, moving from the global (such as the Forum or UNHLM) down to the level of communities and families.

***'Make noise, focus, and never take no for an answer!'***

**– Patricia Lambert**

**Princess Padmaja Kumari Parmar** (Breakthrough T1D) spoke from her own experience, explaining that, without the involvement of people living with NCDs, the NCD story is incomplete. People with lived experience should '*seek out leadership roles as and when they come!*'

The NCD Alliance's **Katie Dain** made it very clear that we face two options. '*One is that we crawl under a rock and say the politics are too hard, so let's give up on the HLM. The alternative is to see this as our obligation to mount the resistance against this changing world and grab this HLM with both hands.*' We must take the second path!

## Bridging the financing gap: sustainable investments, smarter financing for NCDs

The second plenary session of the day kicked off with a 'fireside chat' between **Jumana Qamruddin** (World Bank) and **Pierre Cooke** (Healthy Caribbean Coalition). Since last year's International Dialogue on Sustainable Financing for NCDs and Mental Health, the World Bank has seen an increase in demand from governments for technical assistance and financing on NCDs. The recommendations from the Dialogue – which were co-created with a wide range of stakeholders, including people with lived experience of NCDs, academia, the private sector and civil society – are informing the World Bank's discussions with governments. But mobilising domestic financing is key: any external funding for NCDs should be catalytic, rather than substituting for domestic resource.

The plenary panel heard an inspiring example of cancer care from **Ulrika Årehed Kågström** (President of the UICC): the Access to Oncology Coalition. This has demonstrated a significant decrease in costs, thanks to pooled procurement, and also highlighted the importance of ensuring that the surrounding health infrastructure can support the provision of cancer medication.

**Dr Gladwell Gathecha** (Ministry of Health, Kenya) called for a commitment to NCDs as part of UHC. Kenya's new insurance model includes a primary health care fund that specifically includes NCDs in the benefits package.

**Dr Ladi Hameed** (Roche, Nigeria) described a partnership that has led to the Nigerian government including an NCD Catastrophic Health Fund in the national budget.

***'[Pharmaceutical companies] have seen examples of what has and hasn't worked... and we can share our experience as an essential part of what we should be doing'***

– Dr Ladi Hameed

**Professor Linda Bauld** (University of Edinburgh) called for support for pooled funding mechanisms, such as the Health4Life Fund. The Scottish Government made a strategic decision to put \$3 million into the Fund after hearing from partners in Rwanda about the need for NCD action.

**Dr Mary-Anne Etiebet** (President and CEO of Vital Strategies) stressed the sheer scale of what could be achieved through enhanced health taxes: 50 million lives over 50 years: *'Health taxes are the solution for scale!'*

**Dr Simon Barquera** (President of World Obesity Federation) described how Mexico took urgent action on NCDs at a moment of financial crisis: health taxes were a way to raise revenue. Since then, soda and junk food taxes have had a demonstrable increase on consumption, paving the way for other countries to implement similar taxes.

## A deeper dive: parallel thematic sessions with a focus on financing

### ***Power up communities***

- Communities must be mobilised to deliver **health insurance financing and decentralised care**. Building trust through transparency on how funds are managed and through inclusive decision-making processes will encourage community members to enrol (and stay in) new health insurance systems.[1]
- **Transforming food environments** presented community-led and community-wide examples from Kenya, China and India. A key takeaway is the sheer power of collective action: sustainable change to the food system requires strong community involvement and shared commitment.[2]
- Meaningful involvement of people living with NCDs is best achieved through an **equity lens**. It is time to take the initiative on a patient- and people-oriented approach to prevention and control of NCDs, identifying and acting on the reasons for inequity in access for vulnerable populations.[3]

*'We should focus more on implementation research to identify the barriers to health equity'*

– Caroline Gitonga

### ***Inspire leadership***

- Health taxes are a cost-effective public health intervention, and a session delved further into advocacy for **tax reform**. Simplification of tax structures is essential in ensuring that these taxes are enforceable, and public and political engagement is needed to build support for sustainable reforms.[4]

*'It might sound obvious to us, but when we went to the Ministry of Health, [policymakers] had no idea that tax reform was happening and that it could have a direct effect on public health'*

– Marcello Baird

- **Health equity** is vital for successful action on NCDs. Integrating NCDs services with other health services into a 'one stop shop' can help to achieve UHC by 2030. People living with NCDs can also benefit from mentorship to better enable them to advocate for change.[5]

### ***Mobilise sustainable financing***

- Over 10 years, the UN Interagency Task Force and UNDP have produced over 100 **NCD investment cases**, combining economic analysis of the impact of NCDs with an analysis of the institutional context. They are a valuable tool in building a cross-ministerial understanding on the benefits of NCD action.[6]
- Civil society organisations are key advocates for **domestic resource mobilisation** for NCDs, drawing attention to the issue, rallying support and holding policymakers accountable. To do this effectively, we need to

understand the budget cycle and to analyse, monitor and follow up on the resources that are being released and used.[7]

***‘The investment required to prevent and manage NCDs is far less than the cost of inaction. The cost of action is affordable, with a massive return’***

**– Ezinne Ezekwem**

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Thanks to all the co-hosts and rapporteurs of the parallel sessions:

[1] Rwanda NCD Alliance, Rwanda Social Security Board and Partners in Health. Rapporteur: Jannat Masoodi.

[2] The George Institute for Global Health, WHO GCM/NCDs and Resolve to Save Lives. Rapporteur: Chan Wan Thung.

[3] Healthy India Alliance and NCD Alliance Kenya. Rapporteur: Sabith Hasan Khan.

[4] ACT Health Promotion, Healthy Latin America Coalition (CLAS) and Movendi International. Rapporteur: Mohammad Yosuf Amran.

[5] UHC 2030, CSEM, WACI Health and Speak Up Africa. Rapporteur: Soth Peosamnang.

[6] WHO and UNDP. Rapporteur: Geraldine Trada.

[7] Global Health Advocacy Incubator and Resolve to Save Lives. Rapporteur: Karla Jiménez.

### **About the author:**

Katy Cooper (X: [@healthkaty](#) [1] Bluesky: [@healthkaty.bsky.social](#) [2]) is lead rapporteur for this year's Global Forum, the third time she has taken this role. She brings with her 20 years of experience as an independent consultant and writer in global NCDs. She chairs the UK Working Group on NCDs (a member of the NCD Alliance), which brings together 25 UK civil society organisations to highlight NCDs as a core priority for international development.

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