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## **People first: the voices for Universal Health Coverage**

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Jane Nyambura Chege lives in Kenya with type 1 diabetes\_© Jan Kjaer/Novo Nordisk

**12 December – [Universal Health Coverage Day](#) [1] – marks exactly 11 weeks since the United Nations hosted its third UN High-Level Meeting on NCDs in New York. Universal Health Coverage (UHC) means ensuring that everyone, everywhere, can access essential quality health services without facing financial hardship. Without comprehensive UHC, global targets for NCDs have no chance of being met. Equally, without stepping up action on NCDs, UHC will remain a distant reality.**

**An urgent race against time**



The need for UHC has never been more urgent than it is today. NCDs are ravaging households and societies, and their burden is rapidly increasing. In East Africa and other low- and middle-income countries (LMICs), NCDs exacerbate poverty and pose a major barrier to development, due to vicious cycles of low incomes, chronic ill health, and impoverishment caused by the cost of treatment. Underpinning these challenges, many health systems in LMICs are designed to respond to single episodes of care rather than chronic conditions such as NCDs - structural barriers that further exacerbate the burden placed on health workers and infrastructure, and limit the quality of services.

The fight against NCDs is a race against time, which, in LMICs especially, must be treated as an emergency. Already, one third of deaths in East Africa are attributable to NCDs, and NCDs are expected to become the biggest cause of death in the region in a few years, overtaking communicable diseases like HIV/AIDS and malaria. Also, the mortality transition is expected to happen earlier than by 2030, as previously projected by the World Health Organization (WHO), if no radical action is taken.

### People are fighting for access to health care and treatment

But the global scourge of NCDs is more than a collection of statistics being thrown around by campaigners. Behind the numbers the NCD problem are real people, struggling to keep healthy, and fighting for their lives.

Edward Ligondo, from Kenya, had just attended a church service when he collapsed and was taken to hospital. A doctor first dismissed him, saying he was not sick, even though Edward showed signs of paralysis. Only after confirming that he had medical insurance was Edward admitted for monitoring, but was given no diagnosis or medication until he suffered a second stroke only hours later, and was bound to stay in care for a month.

Today, Edward counts himself a very lucky man – not only because he survived two stroke attacks in less than 24 hours, but because he was insured through his teaching job.

### NCDs without UHC perpetuate a downward spiral of poverty

NCDs not only kill millions of people every year, but leave multitudes unable to work and, hence, without a hope of covering the cost of treatment without a steady income. With almost half of Africans below the poverty line, and with limited or non-existent health insurance and poor access to services, many households are facing catastrophic out-of-pocket expenditures on NCDs. Families are forced to make painful trade-offs such as cutting back on education and food for their children, leaving jobs to care for loved ones, or sell off their assets to clear staggering costs of treatment.

In order to save the lives and protect livelihoods of the millions of people living with NCDs and their families we must focus on three action areas:

- 1. Put people first: engage people and communities in the response to NCDs and pursuit of UHC.** People living with and affected by NCDs must be involved in all levels of decision making, not least because of their lived experience of managing their condition and navigating health services over the course of many years, gives them a unique insight, which places them at the forefront of the NCDs response. Governments must ensure provision of NCD services from prevention to rehabilitation which are both accessible and affordable to citizens. In Tanzania, 500 centres for diabetes and 400 centres for cancer have been established, bringing services closer to thousands of people.
- 2. Work together: collaborate across governments, private sector and civil society.** In order to deliver UHC programmes and to strengthen health systems that are oriented towards prevention and treatment of NCDs, governments have a primary role in addressing NCDs through a whole-of-society approach, aligned with the [2018 UN Political Declaration](#) [2]. The newly-launched [Defeat-NCD Partnership](#) [3] is an exemplary model of the collaboration that is needed. A multi-stakeholder initiative hosted by United Nations Office for Project Services (UNOPS), the Partnership brings together multi-lateral organisations, private sector, governments and civil society with the vision of achieving UHC for all people with NCDs in LMICs.
- 3. Invest in the future: pursue sustainable solutions for financing and implementation.** Governments must address health and NCDs as an investment, not perceiving them as a burdensome cost. A blend of domestic resources (including from the taxation of unhealthy commodities) and donor funding from both private sector and governments is crucial in this regard. Furthermore, the implementation of the [WHO Best Buys](#) [4] and other cost effective interventions for NCD prevention and control will not only accelerate the NCD response, but also bring the attainment of UHC within reach.

### UHC: desperation and hope for millions living with NCDs

While the 2018 UN High-Level Meeting on NCDs was an important step towards the achievement of the global targets for NCDs, the 2019 High-Level Meeting on UHC, already visible on the horizon, provides the next logical and concrete step towards the practical realisation of the aspirations of the billions of people who are suffering or are at risk of NCDs with a solution that works for all.

UHC provides the best hope for the millions of people suffering from and at risk of NCDs by ensuring that essential medicines and technologies for the prevention and treatment of NCDs are core components of the package, available at the lowest levels of the health system where they are needed the most. This must go hand-in-hand with capacity building, as medicines and technologies without the right skills to diagnose and treat will not do the trick alone.

*The content of this piece draws from priorities discussed during a high-level panel discussion which took place on the 26<sup>th</sup> September 2018 in the UN Headquarters in New York, on the side-lines of the third UN High-Level Meeting on NCDs. The event was co-hosted by the Government of Kenya, the Permanent Mission of Denmark, Novo Nordisk, the East Africa NCD Alliance, the Danish NCD Alliance, and the NCD Alliance. Watch the video recording of the discussion [here](#) [5]. A full report of the event is available [here](#) [6].*

#### About the authors

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**David Mulabi** ([@mulavid](#) [8]) is Chief Executive Officer of the East Africa NCD Alliance. He is motivated by the fact that Universal Health Coverage which includes prevention and control of NCDs is a social justice imperative.

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[1] <http://universalhealthcoverageday.org/>

[2] <https://ncdalliance.org/resources/political-declaration-of-the-third-high-level-meeting-of-the-general-assembly-on-the-prevention-and-control-of-non-communicable-diseases>

[3] <https://defeat-ncd.org/>

[4] <https://ncdalliance.org/resources/tackling-ncds-who-best-buys>

[5] <https://www.cancer.dk/ncd/english/news/un-high-level-meeting-on-ncds/>

[6] [https://ncdalliance.org/sites/default/files/NCDs%20and%20UHC\\_HLM3%20Side%20Event%20Report\\_November 2018.pdf](https://ncdalliance.org/sites/default/files/NCDs%20and%20UHC_HLM3%20Side%20Event%20Report_November%202018.pdf)

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