

NCD Alliance regional multistakeholder dialogue in the EASTERN MEDITERRANEAN REGION



Inspiring Change, Putting People First

**Shaping Responsive Health Systems for People
Living with NCDs in the COVID-19 Era**

FINAL MEETING REPORT

22 June 2021



The NCD Alliance Regional Multi-Stakeholder dialogue in the Eastern Mediterranean Region was organised with the support of Novo Nordisk.

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Executive Summary

The NCD Alliance regional multi-stakeholder dialogue in the Eastern Mediterranean region was part of a series of regional dialogues held by the NCD Alliance. The dialogues were held in Latin America, Africa, South-East Asia and the Western Pacific, and the Eastern Mediterranean region along with the Our Views Our Voices regional dialogues with civil society, which contributed to the Global Charter on Meaningful Involvement of People Living with NCDs.

The Global Charter seeks to provide a shared understanding of meaningful involvement of people living with NCDs, as well as its key principles, barriers and strategies for implementation; contribute to a growing knowledge base on meaningful involvement and its impact; increase commitment to embed meaningful involvement in organisational practices in all sectors of society; and provide an accountability process with periodic reporting required from endorsing organisations on actions undertaken, challenges faced and lessons learned.

The Eastern Mediterranean regional multi-stakeholder dialogue, held on 22 June, gathered 77 participants from 20 countries and panellists that included Dr Maha El Rabbat, Professor of Public Health at Cairo University and World Health Organization Director-General's Special Envoy on COVID-19 Preparedness and Response; Dr Zied Mhirsi, Director at Global Health Strategies and Co-founder of the Tunisian Center for Public Health; Dr Asmus Hammerich, Director of the Department of Noncommunicable Diseases and Mental Health at the World Health Organization Eastern Mediterranean Regional Office (EMRO); Dr Maihan Abdullah, Consultant at the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Dr Ibtihal Fadhil, Chairperson of the Eastern Mediterranean NCD Alliance (EM-NCDA); Dr Claudia Truppa, Health Coordinator of the International Committee of the Red Cross (ICRC); Ms Soraya Ramoul, Senior Director of Global Access to Care at Novo Nordisk; Mr Khurram Hashmi, Technical Advisor for the International Union Against Tuberculosis and Lung Disease (The Union); Pr Mohamed Sobhy, President of the Cardiovascular Research, Education, Prevention Foundation (CVREP); and Mr Bryson Childress, Director of Global Programs at the American College of Cardiology (ACC). Additionally, the voices of people with lived experience were present thanks to the participation of Mr Omar Abu Reesh and Mr Mohamed Shankhair.

During this regional dialogue, it was underlined that the Eastern Mediterranean region has some of the highest NCDs prevalence rates globally. Moreover, many of the countries face a very difficult political, social, and economic situation, which has been exacerbated by the pandemic, as lockdowns around the globe disrupted supply chains and shrank economies. In this context, the impact of COVID-19 on healthcare systems in the region was catastrophic at a certain point, demonstrating the fragility and vulnerability of these systems. The pandemic also highlighted the problems related to inequitable access to medical services, medicines, medical supplies, and vaccines.

For that reason, before designing any policies or action plans related to NCDs and how to deal with them during a pandemic, it is very important to consider the economic, political and social framework of each nation that forms part of the Eastern Mediterranean region. For example, some countries in the region like Afghanistan, Syria, Yemen, Lebanon, Pakistan and Turkey face unique challenges, including humanitarian crises, high poverty levels, limited sanitation facilities and health supplies, gender discrimination, lack of data and information on NCDs, and inequalities in access to healthcare services. Therefore, in those countries the burden imposed by COVID-19 on people living with NCDs, especially refugees and displaced people, was even higher than in other countries in the region with less complex circumstances.

In addition to assessing the situation in the region and identifying the healthcare challenges faced by people living with NCDs, everyone agreed that it has never been more important to deliver people-centred healthcare and to put people first by understanding their true needs and what they really want. It was also highlighted as crucial to work together among all different stakeholders (private sector, governments, multilaterals, non-governmental organisations (NGOs), and civil society) to rebuild healthcare systems and incorporate best practices for people-centred care, including all voices, especially those from the people living with NCDs; to use the COVID-19 crisis as a catalyst for transforming healthcare systems and the way they are organised, allocating resources and investments more efficiently to guarantee people's health and improve the model of care; and to strengthen healthcare systems as a whole to guarantee universal health coverage and high quality services.

Introduction

Noncommunicable diseases (NCDs) are the leading cause of death and disability in the world. NCDs impact families and communities by cutting lives short, disabling, impoverishing, and fuelling stigma and discrimination. Despite the establishment of global targets for action on NCDs, progress on NCD prevention and control at regional and national levels has been insufficient and uneven. The COVID-19 pandemic and the associated vulnerabilities of people living with NCDs have further highlighted the acute risks of failure to effectively address the NCD burden in the Eastern Mediterranean region, which also impacts the achievement of universal health coverage (UHC) and sustainable development goals at large. Within this context, people living with NCDs are a critical enabler of a strong NCD response, as part of a strong civil society community and as active protagonists in defining the care pathway of the diseases they live with and ensuring that NCD policies, programmes, and services are effective and appropriate for the beneficiaries they are meant to serve. Their meaningful involvement along with the active participation and commitment from different sectors, such as governments and the private sector, are key elements to start transforming healthcare systems.

According to the World Health Organization (WHO), in 2020, more than 150 million people were living with NCDs in this region, which has some of the highest NCD prevalence rates globally with future projections indicating an alarming increase. Unless serious action is taken, 2.4 million people will die in the region in 2025 due to cancer, diabetes, cardiovascular diseases, and chronic respiratory disease, which are common comorbidities associated with severe COVID-19 symptoms or death. The pandemic has affected up to 22 out of 23 countries within the region, with over 10 million cases confirmed and 205,000 deaths. Additionally, people living with NCDs have been severely and disproportionately affected.



Fruit and vegetable sellers during the COVID-19 crisis. Constantine, the town's covered market, Algeria.

Within this context, the regional multi-stakeholder dialogue in the Eastern Mediterranean region aims to:

1. Take stock of progress achieved on NCDs and challenges faced at the regional level in the current COVID-19 context;
2. Discuss the value of adopting people-centred approaches to address NCDs and explore the role that different stakeholders such as governments, multilaterals, relevant private sector and civil society can play;
3. Highlight successful models and initiatives that have put people first, helped further the NCD response and created social impact for communities;
4. Facilitate the development of a common vision and a shared purpose across sectors and stakeholders, acknowledging their different drivers and potential enablers to embed meaningful involvement of people living with NCDs in organisational practices.

As stated above and in addition to the COVID-19 pandemic, the region is going through an epidemiologic transition towards a heavier NCD burden. Moreover, forced migration and humanitarian crises seriously affect many countries in region. Consequently, low- and middle-income countries in the region that are hosting large numbers of refugees have had significant pressure placed on their health systems and are often incapable of providing accessible, equitable and high-quality NCD treatment and care.

Therefore, in order to address NCDs, it is fundamental to learn how countries with similar circumstances are doing so. In this sense, knowing the policies implemented in stable low-and middle-income countries might be of some use; however, little is known about countries in humanitarian distress.

This dialogue will contribute to learning more about how Eastern Mediterranean governments, organisations, civil society and private sector have contributed to improving the efficiency and quality of care and to promoting meaningful engagement of people living with NCDs within the particular context of the region. Dialogues such as this are also key in gathering the knowledge required to develop effective guidelines and recommendations to reconstruct more resilient, people-centred and higher quality healthcare systems.

As Dr Cristina Parsons Perez, NCD Alliance Capacity Development Director stated, "COVID-19 has exposed the damage that neglecting NCDs and cutting public spending on health prevention and essential public health services has done over many years in many countries. So, to better protect those with NCDs, there is a great need to revisit multi-stakeholder partnership models for the prevention, diagnosis and treatment of NCDs. And these partnerships must be driven by the needs of the most affected populations and acknowledge the value of their lived experiences."

Keynote address

Putting people first:

Unpacking the concept in light of the current regional context

SPEAKER

Dr Maha El Rabbat

Professor of Public Health at Cairo University, WHO Director-General's Special Envoy on COVID-19 Preparedness and Response

Reflections on the needs of transformation and investment in healthcare systems and NCDs promotion treatment, and prevention in a context of COVID-19 and societies markedly affected by inequalities.

Overview

COVID-19 strongly affected healthcare systems in the region; and, the effects were further exacerbated by the political, economic and social difficulties that many countries of the Eastern Mediterranean region currently face. The Eastern Mediterranean region deals with a disproportionately high NCD burden, and in order to implement effective health policies and reforms, the national context – including inequalities within its population – should be taken into consideration. Furthermore, policies and investments in the region's healthcare systems should be people-centred and should be designed through partnerships and coordination of all stakeholders.

Key messages

The Eastern Mediterranean region is changing along with global shifts. People living with NCDs in the region suffer a disproportionate burden due to globalisation, unhealthy behaviours, and socio-economic determinants of health. Even before COVID-19 hit Eastern Mediterranean countries, they were already markedly affected by inequalities, political instability, disruptions, conflicts, and humanitarian crises, which compromised prevention and treatment of NCDs, raised health costs and constrained government budgets. The fragility and weakness of healthcare systems exposed by the pandemic revealed the importance of investing to build back better and fairer systems that put people at the centre. If no strategic interventions are taken, the NCD burden will grow given the increasing life expectancy, aging populations, and diverse challenges in the region that may affect population health.

Main themes

- The EMRO region has had no significant improvements in health systems preparedness. The lack of significant economic or social growth and the demographic transition imposes a serious impact on communicable and noncommunicable disease epidemics in the region.
- Political instability, disruptions, conflicts, emergencies, and humanitarian crises in the region have made the burden more cumbersome, raising health costs and needs.
- The impacts of COVID-19 and disruptions to essential health services were bigger on people living with NCDs, and underscored inequities across the population and within health systems.
- It is important to consider adequate service delivery across the health sector as a whole and for NCDs; and building forward, better, stronger and more resilient to protect health and livelihoods with an integrated response that leaves no one behind.

Recommendations

- Increase commitment to NCDs among governments, individuals and communities.
- Invest in health systems to achieve better quality of health and life and put people first by elevating their voices and the understanding of what they want.
- Build up partnerships to achieve reforms driven by the needs and aspirations of the affected population through data, tools, and services for the promotion and prevention of NCDs.
- Make a deep analysis to properly determine how to allocate the tools and strategies efficiently to get the best results.
- To improve the sensitivities and responsiveness of healthcare systems, putting people first should be seen as a tool rather than only as an objective.
- Involve all stakeholders in the reforms and policymaking to shift how health systems are organised.
- Be responsive and sensitive to changing patient needs and demands.

“The starting point is not the same for everyone due to the disparities between countries and in the countries themselves.”

“We need innovative interventions. If not now, when?”



Community members wait for trichiasis surgery services. Southern Sudan

SPEAKER

Dr Omar Abu Rees

Person with lived experience

Reflections on the importance of incorporating the experience of people living with NCDs in all policies, reforms and healthcare modifications.

Overview

Dr Omar Abu Reesh is a medical school graduate who has lived with leukaemia for four years. As both a physician and someone who has experience of living with a disease, he acknowledged that people living with NCDs have a better understanding of their diseases; an understanding which no book or study can provide or explain better than they themselves are able to.

Key facts

The EMRO region made huge shifts in its healthcare systems and policies to deal with COVID-19. These shifts left people living with NCDs with no access to facilities or medications due to lockdowns and quarantine.

Main themes

People living with NCDs should know more about their disease and treatments.

Recommendations

People living with NCDs should be directly involved in policy making regarding health to obtain different and better results and prevent negative outcomes like the lack of access to facilities and medicines.

“When I was in medical school I used to study and memorise a variety of diseases and conditions but I did not have a better understanding of any disease the way I understood leukaemia, because I have lived with the disease.”



Banha, Egypt, family planning clinic staff

PANEL DISCUSSION 1

Shaping the future of NCDs by putting people first: A regional perspective on the importance of community-driven approaches

SPEAKER

Dr Asmus Hammerich

Director, Noncommunicable Diseases and Mental Health, WHO EMRO

How extensively has COVID-19 disrupted the regional health systems? How much has it affected NCD services? How has the situation showcased the importance of including meaningful engagement within health models' construction?

Overview

NCDs and mental health conditions affect over 150 million adults in the EMRO region. Therefore, the disruption in health services due to the pandemic has had a severe impact on the region, with the consequences affecting more drastically people living with NCDs and refugees. Despite this situation, very few models tackling NCDs implement meaningful engagement from all the relevant actors, mainly people living with NCDs.

Key messages

The Eastern Mediterranean suffers one of the greatest burdens of NCD-related risk factors, such as tobacco use, physical inactivity, obesity, and a diet high in salt, sugar and fat. Unfortunately, many countries in the region are far from achieving the UN Sustainable Development Goal of reducing by one-third premature mortality from NCDs by 2030 (SDG 3.4). According to a WHO rapid assessment on the impact of COVID-19 on NCD services conducted among 135 countries (including Eastern Mediterranean nations), 90% of the countries reported one or more disruptions to essential health services; and 40% reported more extensive disruptions in mental health, neurological treatment, substance use disorders, cancer screening, and other NCD care services. In Syria, particularly, more than 45% of all deaths are accounted as a consequence of NCDs. Refugees living in the region face extra challenges associated with disrupted access to medicines, supplies, and healthcare, and with loss of family income.

Main themes

- COVID-19 has disrupted health systems generally, but more significantly NCDs and mental health services. Nonetheless, the burdens associated with interruptions of medications and supplies, access to health care and loss of family income were greater for refugees living in the region.
- There is a lack of models where meaningful engagement of people living with NCDs has been sustainably implemented, and in cases where it has been implemented, there is a scarcity of evidence of successful engagements.
- The importance of discussing best practices of meaningful involvement and brainstorming how to foster more meaningful engagement of stakeholders.

Recommendations

- As stated in the United Nations General Assembly declarations, mental illness should be included in the causes of premature death and disability and recognized as a major cause of morbidity and mortality.
- Meaningful engagement of people living with NCDs should be used in a more extensive way in health models, and successful cases should be registered in order to share the lessons learned and improve our health systems.

“We will continue to advocate for the crucial role of people living with NCDs, engage them and foster and expand community mobilisation in our joint efforts to build back better for COVID-19.”

“There’s a key opportunity now to build on the momentum of the increased recognition of meaningful involvement of all people living with NCDs.”

SPEAKER

Dr Maihan Abdullah

Consultant, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

Reflections on Afghanistan’s health system context and how the pandemic was addressed in general terms and especially in regard to NCDs attention.

Overview

Afghanistan’s health system has already been strained after more than 40 years of conflicts and war, and COVID-19 just endangered and already fragile system. Despite its background, Afghanistan has witnessed some encouraging and noteworthy successes. Nevertheless, there is a lot of work to be done and many other engagements remain pending in the prevention and treatment of NCDs.

Key messages

According to the World Bank, 72% of Afghanistan’s population lives in poverty, compared to 54% in 2019, and the pandemic has played a major role in this increase. The country’s economic growth remains impeded by an unstable political environment, as Afghanistan has been living with conflicts and war for over 40 years. This political instability affects its population by limiting the access to basic services such as electricity; Afghans only have a few hours of electricity during the day.

Afghanistan faces additional risk factors in terms of health, prevention and treatment. For instance, only 43% of its population can read, which poses a significant obstacle for promoting activities such as health literacy. Moreover, much of the healthcare services are provided by NGOs and financed by international organisations, 70% of health expenditures are out of pocket, and many of NCD services and interventions are not included in the primary health care package.

In this context, responding to a pandemic and maintaining NCD healthcare services were a great challenge. In fact, a survey from The Asian Foundation found out that 74% of the respondents reported the absence of any assistance from the government as a result of the pandemic and that NCDs were not a priority for the government in response to or during the health crisis. However, some advancement was achieved: Afghanistan was able to bring US\$1 billion to fight COVID-19, improve healthcare services and increase medical equipment.

Main themes

- Afghanistan's challenging context to fight NCDs and COVID-19: Four decades of war has devastated the national economy, health infrastructure and social services.
- Afghanistan's response to the pandemic and examples of effective solutions. Afghanistan is one of the countries with the worst health numbers; however, commendable improvement was achieved despite its context.
- Government response towards NCDs during the pandemic.
- Pending issues in NCD treatment and prevention, as well as the improvement of the health system and NCD strategy.

Recommendations

- COVID-19 should be a catalyst to develop policies and implement interventions to reduce NCD risk factors, improve diagnosis, standardise treatment and strengthen research and surveillance of NCDs.
- Dissemination of knowledge on NCDs and their risk factors has a big impact on societies. For example, communities have increasingly internalised the importance of a healthy diet.
- In spite of a challenging political and economic context, countries are able to ameliorate their health systems and combat NCDs. For instance, Afghanistan made important progress during the pandemic by increasing from three available oxygen plants before COVID-19 to 15, and from no PCR machines in public health laboratories to 25 equipped labs.

“Despite the misery in neglected countries, we can have intervention strategies to prevent and control NCDs.”

“This is the opportunity we awaited. Sharing the plan with all the people involved will contribute to making them responsible and to demonstrating the strategies to tackle COVID-19.”



Medical Laboratory Technologist, Lt. Omer Niyondiko operates Gene Xpert, a PCR-test machine, and its accessories which will be used in diagnosing and managing Covid-19 in Mogadishu, Somalia on 22 May 2021.

SPEAKER

Dr Ibtihal Fadhil

Chair, Eastern Mediterranean NCD Alliance

Opportunities for meaningful engagement of people living with NCDs and civil society to ensure a wider multi-sectorial response in health and NCDs crisis.

Overview

The Eastern Mediterranean region is expected to have a considerable increase in NCD cases. The regional context imposes additional challenges for displaced people in the prevention and treatment of their NCDs. While COVID-19 highlighted the deficiencies of health systems in the Eastern Mediterranean region, it also served as an opportunity to scale up and acknowledge the experiences of people living with NCDs for the construction of the NCD agenda.

Key messages

Meaningful engagement of people living with NCDs might not be a new focus towards the creation of more resilient healthcare systems and dignifying high-quality medical attention. The 2018 UN Political Declaration on NCDs and the 2019 UN High-Level Meeting on Universal Health Coverage stated the importance of considering meaningful engagement as a global target in the definition of action plans to address the NCD epidemic.

During the last 18 months, the Eastern Mediterranean NCD Alliance, the NCD Alliance and civil society have contributed immensely to the definition of the NCD agenda as well as to health and social services in the countries of the EMRO region. There have been some examples of countries where civil society provided medicines and food and used social media to provide information on how to maintain health services during the disruption caused by the pandemic.

Main themes

- Participation from people living with NCDs is needed in the definition of a global NCD agenda.
- Social media is an instrument with an important potential in the dissemination of knowledge and information on NCDs.
- The capacity of civil society to play a much more active role in the provision of health services and spreading knowledge on NCDs has been continuously underestimated.

Recommendations

- It is imperative to start discussing the best approach to shape a regional inclusive NCD agenda.
- The participation of refugees and youth as NCD advocates should be emphasised and promoted.
- Strategic NCD alliances and stakeholders must play a proactive role to mobilise the community and better engage people living with NCDs.
- Consultations on people living with NCDs about NCD challenges and needs before and during the pandemic must be done in order to better understand and tackle problems.

“During this period, as civil society, we have a critical role to mobilise the community and to improve engagement of people living with NCDs”

“We need to value the experience of people living with NCDs. Professionals and policymakers should position that statement in their policymaking”

PANEL DISCUSSION 2

Exploring solutions to mobilise communities in EMRO for a people-centred response to NCDs in the COVID-19 context

SPEAKER

Mr Mohamed Shankhair

Person with lived experience Amman, Jordan

The struggles of dealing with cancer in Jordan: the vision of someone living with the disease.

Overview

Mr Mohamed Shankhair exposed the challenges faced by cancer patients in Jordan during the COVID-19 pandemic and highlights the pertinence of including the voices of people living with cancer to reshape the healthcare system.

Key messages

As a person living with cancer in Jordan, perhaps the most important challenge is to find his medication. COVID-19 did not affect people living with NCDs only through the shortage of cancer treatments, but also through job loss and the need to stay home.

Main themes

- Challenges faced by people living with NCDs in Jordan to find medications.
- The extra difficulty that lack of employment and income imposes on people living with NCDs, during and after the pandemic.
- The importance of engaging people living with cancer in the decision-making process related to the cancer agenda and action plans.

Recommendations

People living with cancer have insightful experience that should be taken into consideration as part of the decision-making process to address cancer policies and treatments.

“Cancer patients have to be part of the decision-making process and healthcare because we have experience”

SPEAKER

Ms Soraya Ramoul

Senior Director, Global Access to Care, Novo Nordisk.

The role of private organisations in the prevention and control of NCDs. Untapped opportunities for collaboration between the private sector, government, and civil society.

Overview

Novo Nordisk is a private organisation that supports access to care for vulnerable people and communities, focusing on diabetes. During the pandemic and the consequent medical supplies disruptions, Novo Nordisk worked to find alternative ways to get supplies to patients. Additionally, Novo Nordisk has incorporated a people-centred approach within its organisation by building up partnerships, working to increase access to health supplies (especially insulin) and continuing its provision during COVID-19 disruptions, providing educational material on NCDs for children, and interviewing refugees and other people living with NCDs on healthcare for NCDs.

Key messages

The private sector has resources and very strong supply chain networks, which were put to use during the COVID-19 pandemic. Some of Novo Nordisk's contributions during the COVID-19 pandemic included the supply of 1.3 million doses of insulin to more than 50 countries. Additionally, the organisation has long-term agreements with humanitarian and UN organisations. Through "Partnering for Change", Novo Nordisk recently associated with the International Committee of the Red Cross, the Danish Red Cross and the London School of Hygiene and Tropical Medicine to provide chronic care for people living with NCDs in countries affected by humanitarian crises.

Together with the American University of Beirut, Novo Nordisk is holding interviews with refugees living with NCDs in order to involve the community in improving care for diabetes and hypertension. Additionally, Novo Nordisk started a programme in Pakistan to provide educational material to children, focused on type I diabetes. This programme has been extended to the Eastern Mediterranean region and has incorporated digital solutions to scale efforts.

Main themes

- Lessons learned from COVID-19: private sector contribution is needed more than ever. Examples of how Novo Nordisk is contributing to the matter.
- People living with NCDs have a critical role in advocating for a people-centred approach.
- The importance of finding innovative and better ways of providing chronic care to people in humanitarian crises.

Recommendations

- There is an imperative need to take stock of COVID-19 challenges, moving beyond emergency responses and using the lessons learned to build better health systems.
- To scale up solutions, we need to go beyond fragmented initiatives. For instance, digital solutions could scale efforts to provide patient education material. Additionally, partnerships are great examples of strategies to scale up solutions by joining efforts for a common cause.

"The most important lesson from COVID-19 is that the private sector contribution is needed more than ever."

"I cannot emphasise enough that whatever we do is in partnership."

"We need government and civil society to rebuild health systems and leverage the learnings that we have."

SPEAKER

Mr Khurram Hashmi,

Technical Advisor, The International Union Against Tuberculosis and Lung Disease

The efforts of global organisations to save lives and reduce NCDs risk factors while keeping the fire burning in households of low- and middle-income communities.

Overview

COVID-19 mostly affected low- and middle-income class communities, mainly because they don't have the option to stay home. Part of the population in the region cannot cover their basic needs and have no access to basic health care. Some of them do not even have the opportunity to get vaccinated. Furthermore, some people still deny the existence of COVID-19 and refuse to get vaccinated.

In this context, the role of global leaders such as the Union is vital in the fight against NCD risk factors, such as tobacco.

Key messages

Mental health is one of the main challenges, and the general population and the authorities will have to handle that as a consequence of the pandemic and all the tragedies observed. In fact, NGOs are playing a supporting role in a very challenging situation that has put them at risk and at the frontline, along with health workers.

An additional stress factor that NGOs and governments face in strengthening their health systems and implementing comprehensive NCD plans on health systems and governments is the low economic development in many of the Eastern Mediterranean countries. For instance, 60% of Pakistan's population lives below the poverty line and presents an extreme situation.

Therefore, the work carried out by organisations such as The Union to control NCD risk factors (such as tobacco), advocate for good health policies, and reach marginalised populations is more necessary than ever.

Main themes

- The situation in EMRO countries where civil society organisations (CSOs) work, and why the role and sustainability of these CSOs are essential to overcome deficiencies and low starting points of health systems.
- Civil society's role in diffusing the right information and identifying gaps in the existing system.

Recommendations

- We ought to incorporate the best practices defined by WHO for healthcare and acknowledge successful health models such as the ones from Australia and Iceland to deliver the desired outcomes more efficiently and with better timing.
- Working together and exchanging information on ways to address health situations, especially for those living with NCDs, and utilising the best expertise is the only solution to overcome crises such as the pandemic.
- Gather more NCD data and information related to diseases, risk factor surveillance, solutions, health expenditure and financing.
- Increase sustainable funding

“Under the stress of the pandemic efforts, if the sustainability of NGOs was even a concern before; now, more than ever, the sustainability of NGOs is at stake.”

Video segment

BBC Storyworks mini-film

Overview

The video segment portrayed the situation faced by someone living with an NCD in Lebanon, a country in a humanitarian and economic crisis. The mini-film also showed the work that the International Committee of the Red Cross (ICRC) has been doing in Lebanon.

Storyline

Abdel El Salman Othman is living in Lebanon after his house in Syria was bombed. He has been living with type 2 diabetes for 25 years. By sharing his story, he portrays the difficulty of living with a disease that needs constant care in a country facing humanitarian distress, which has pushed many refugees further into poverty and where medicines may not be available and healthcare services are interrupted.

Dr Carla Zmeter, Program Manager of the ICRC, described how Lebanon's humanitarian crisis was worsened by the economic crises since 2019, caused by the Syrian war, the COVID-19 pandemic, and the Beirut blast. In Lebanon, one in four inhabitants is a refugee and half of the households report at least one member living with an NCD. To improve access to chronic disease care and improve the quality of life for people in humanitarian crises, the ICRC associated with the private and academic sectors under the alliance "Partnering for Change." Additionally, the Lebanese Red Cross provides support for people living with NCDs, including psychological and social support.



<https://ncdalliance.org/facing-forward/>

Fireside chats

Overview

During the fireside chats, Dr Claudia Truppa, Health Coordinator of the International Committee of the Red Cross; Pr Mohamed Sobhy, President of the Cardiovascular Research, Education, Prevention Foundation; and Mr Bryson Childress, Director of Global Programs at American College of Cardiology discussed the different approaches their organisations have implemented to strengthen health systems, combat NCDs, achieve meaningful involvement of people living with NCDs, and different perspectives that could be considered.

“Showcasing community-driven innovation through civil society”

SPEAKER

Dr Claudia Truppa

Health Coordinator, International Committee of the Red Cross

Summary

The International Committee of the Red Cross has been present in Lebanon for over 50 years and responding to the Syrian crisis since 2014. One of their main areas of focus, and the reason for forming the alliance “Partnering for Change”, is to guarantee the continuity of care for people living with NCDs in countries suffering from humanitarian crises. Some examples of how the Red Cross has implemented a people-centred approach to treat and monitor NCDs include: engagement with communities, integrating mental health into their health models, subsidising health packages, targeting prevention health services, and partnering with strategic allies.

Key messages

- Methodologies to design and monitor NCD interventions lack the voices of people living with NCDs. Indicators are mainly process indicators, rather than outcome indicators. Additionally, data and assessments are mostly facility-based and not people-centred, which provides information from multiple sources on a wide range of interventions, but which might leave one basic quality component of health care: people-centredness.
- To answer the main inquiries on the barriers to health service access for people living with NCDs (for example, why they weren’t coming to consultations), the ICRC started engaging with communities in the catchment areas of their supported facilities.
- Implementing a people-centred approach enabled the organisation to develop a model of care that does not address chronic conditions vertically. Instead, it incorporates attention across the continuum of care services available (from the community focal points to the primary health care and physical rehabilitation centres), since all have distinct but inter-connected roles.
- After witnessing the high toll of mental diseases on people living with NCDs, the ICRC realised the importance of integrating mental health and psychosocial support into their healthcare delivery model.
- Engaging the families of people living with NCDs is a critical step towards meaningful engagement. In the Eastern Mediterranean region in particular, families play a central role in shouldering the financial and mental burden of NCDs for the family member living with the disease.



Displaced people throughout the EMRO region face special challenges in accessing NCD care. See more in the [Facing Forward](#) documentary series.

- It is important to target women in the prevention and management of NCDs through the sexual and reproductive health service package, as they are the primary caregivers within families. In addition, women are a vulnerable group during armed conflict. They are the first to suffer from the general lack of access to medical and reproductive health services and facilities.
- Additionally, the ICRC has worked to remove financial barriers through subsidisation packages and to make medical care affordable for the most vulnerable populations.
- Since 2018, the ICRC has been a partner of the American University of Beirut to formally evaluate their model of care, strengthen it and tailor it to the needs expressed by people living with NCDs.

“Through this process, we hope to bridge the gap that often arises between policymakers and theoretical frameworks on one side and the delivery of humanitarian operation according to those same frameworks on the other side.”

“Partnership is a continuous conversation that takes time, takes energy, and takes commitment from all parties involved. It requires adjusting to the different languages that policymakers, academics, and humanitarian actors speak, finding the common one; accepting to slow down, in our case, or to accelerate based on priorities that often differ among the different actors involved; and then, learning to conjugate the need for in-depth analysis on one side with the need for urgent responses on the other side.”

“Reflecting on the past and present: the responses to the pandemic that could also help save lives from NCDs and prioritise the needs of vulnerable populations”

SPEAKER

Pr Mohamed Sobhy

President of the Cardiovascular Research, Education, Prevention Foundation

Summary

The American College of Cardiology (ACC) assists 54 countries in Africa and 17 in the Middle East; Egypt in particular, with a population of 100 million people and high mortality and morbidity rates during the pandemic. ACC also raises awareness of NCD risk factors, such as the lack of exercise and unhealthy diets.

Cardiovascular risks are among the main concerns in the region. Therefore, important projects are being developed to fight cardiovascular diseases, such as continued education programmes.

Key messages

- In Egypt, some healthcare barriers are the lack of good databases, partial access to medications, and incomplete financing.
- In this context, Egypt implemented a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis to gain an accurate perspective of its health system before executing a multisector action plan. The analysis revealed the following:
 - Strengths: Strong infrastructure health and a robust population basis.
 - Opportunities: Implementing cost-effective solutions, lowering economic impact of NCDs, increasing surveillance of morbidity and mortality rates.
 - Weakness: No data available, lack of NCDs morbidity and mortality data, inaccuracy of data.
 - Threats: Huge mortality gap, fragmented healthcare system, and tobacco industry interference.
- Webinars are an important instrument to bring continuous and quality medical education for health providers. Therefore, the ACC together with the NCD Academy participate regularly in medical webinars.
- The region requires more training courses and more cooperation that lead to training and exchanges for young fellows of cardiology.
- Information on NCDs in Egypt, Africa and the Middle East should be circulated to increase public awareness.

“There is no face-to-face interaction. We will have to raise public awareness regarding a patient centred-approach and patient support resources.”

“We aim to do continuous medical education of good quality though different means like the NCD Academy app, videos and more accreditation. Quality and quantity should be increased. In fact, there is a need for a local cardiovascular academy”.

SPEAKER

Mr Bryson Childress

Director of Global Programs, American College of Cardiology

Summary

Professional development of physicians and medical personnel is a priority to keep them updated on all advancements in medical research and procedures. However, continuous medical education often imposes a barrier for health providers in the region because of the related travel expenses and associated fees. Therefore, NCD Academy in partnership with the NCD Alliance aims to make quality continued medical education accessible to more doctors through technology and e-learning.

Key messages

- American College of Cardiology (ACC) want to build a solution through NCD Academy by bringing education through a free app and website version where clinicians find courses built around e-learning.
- On-demand education is normally one-dimensional; however, the NCD Academy app offers interactive content through games and patient cases.
- ACC is working with other partners such as the American Society of Oncology and the World Psychiatric Association to cover other preventable NCDs.
- To have a meaningful impact, ACC is including diseases with a high incidence in the region such as hypertension and cardiovascular disease, as well as the experience of clinicians in the local care system.

“NCD Academy is really about making quality continuing medical education really accessible to more doctors.”

“Medical science is constantly advancing; guidelines are constantly changing, and they become increasingly nuanced, showing the intersection between noncommunicable diseases and communicable diseases.”

Conclusions

During the Eastern Mediterranean regional dialogue, speakers discussed the challenges the region has faced in the context of the COVID-19 pandemic and the need for comprehensive actions to strengthen health systems, including the adoption of people-centred approaches to defining more resilient and integrated models. Across the globe, and more specifically in the Eastern Mediterranean region, national health systems were not designed to deal with the COVID-19 pandemic. The health crisis highlighted the need for countries to build comprehensive health systems that tackle financial disparities and social inequities that affect more intensely people living with NCDs, refugees and displaced people in the region. These groups are also more exposed to the disruption of health treatments and more vulnerable to co-morbidities.

The pandemic demonstrated the fragility of health systems; however, health issues related to NCDs are much more relevant and represent a bigger burden for economies and health systems in the EMRO region. If no shift is made in prevention and treatment of NCDs and mitigation of NCD risk factors, this epidemiological framework will represent an even more overwhelming cost for nations.

Therefore, dialogues such as this are a great opportunity to share knowledge, experiences and best practices that will contribute to the definition of comprehensive strategies and action plans in the future. The participants concluded that, due to the excessive economic burden of NCDs, it is imperative to increase investment in the prevention and treatment of NCDs, as well as financing and funding for the incorporation of a people-centred approach within healthcare systems, making the most of the private sector's capacity and networks and allocating resources efficiently. In fact, focusing on the prevention and reduction of NCD risk factors constitutes a key strategy to make an efficient use of resources and reduce the future burden of NCDs. The regional dialogue also revealed the fundamental role of partnerships and constant coordination among the different stakeholders in the development of innovative models and interventions to adopt a people-centred approach to address NCDs in the region and embed meaningful involvement of people living with NCDs in organisational practices.

This dialogue also helped to identify common barriers such as the need to collect more data related to the specific diseases, risk factor surveillance, successful cases and policies, health expenditure and financing in order to tackle better NCDs. And more importantly, it was agreed that initiatives such as this need to be fostered to help understand what people want and the importance of putting people living with NCDs first in policy and decision-making processes.

During the closing session, Dr Zied Mhirsi wrapped up the conclusions by saying that all the insights of the panellists conveyed that, "There is a focus on putting people first, there is a focus on working together and there is a focus on using COVID-19 as a moment to transform."

Additionally, Dr Asmus Hammerich underlined the importance of educating and updating healthcare professionals on medicine and people-centred medical approaches. As he stated: "We must reach out to health professional education systems early and ensure that we become better at listening to patients; sharpening our ears, allowing patients to speak and getting their message."

NCDs are multifaceted diseases that can only be fully understood by acknowledging the experience of living them. Dr Ibtihal Fadhil emphasised: "Speakers have highlighted the complexity of NCDs. Let's tackle them one by one. The context today is patient engagement."

In order to build back better and fairer, governments, NGOs, multilaterals, private sector, and civil society should recognise the significance of meaningful engagement to define an effective, efficient, demand driven and socialised NCD agenda. People living with NCDs should be at the centre of it.

ANNEX

Session outline

NCD Alliance regional multistakeholder dialogue in the African region, May 10 2021.

Time (CEST)	Speakers	Description
3.00-3.05	Dr Cristina Parsons Perez Capacity Development Director, NCD Alliance	Welcome and introductory reflections from NCDA
3.05-3.10	Moderator Dr Zied Mhirsi Director at Global Health Strategies; Co-founder of the Tunisian Center for Public Health	Welcomes audience, defines format of the session and indicates “housekeeping” rules of the session
3.10-3.18	Keynote Speaker Dr Maha El Rabbat Professor of Public Health Cairo University; WHO Director-General’s Special Envoy on COVID-19 Preparedness and Response	Putting people first: Unpacking the concept in light of realities of the region and current context
3.18-3.23	Mr Omar Abu Reesh Person with lived experience	Why people and communities must be centre-stage in building back fairer from the COVID-19 pandemic
PANEL DISCUSSION 1		
Shaping the future of NCDs by putting people first: A regional perspective on the importance of community-driven approaches		
3.23-3.29	Dr Asmus Hammerich Director, Noncommunicable Diseases and Mental Health, WHO EMRO	Reflections on main health system impacts exposed and disruptions to NCD services during the COVID-19 pandemic and the importance of exploring people-centred models in the context of NCDs and health equity
3.29-3.35	Dr Maihan Abdullah Consultant, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	The pandemic as a ‘lightbulb moment’ for public and political perception of the importance of investing in NCDs, prioritising the needs of people living with NCDs and ensuring meaningful involvement to build resilient, people-centred health systems
3.35-3.41	Dr Ibtihal Fadhil Chair, Eastern Mediterranean NCD Alliance (Eastern Mediterranean-NCDA)	Lessons learned from COVID-19: the need for more concrete and meaningful involvement of civil society and people living with NCDs in ensuring people-centred health and development plans and effective communication for the prevention and control of NCDs
3.41-3.47	Video segment / BBC Storyworks mini-film A film on continuing lifesaving treatment and care for Syrian refugees living with type 2 diabetes in Lebanon	

Fireside chat with participants

3.47-4.07	Dr Claudia Truppa Health Coordinator, International Committee of the Red Cross	Showcase community-driven innovation through civil society How can governments, multilaterals, relevant private sector and the NCD community implement a people-centred and integrated approach to improve equity in the context of NCDs?
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PANEL DISCUSSION 2

Exploring solutions to mobilise communities in EMRO for a people-centred NCD response in the COVID-19 context

4.07-4.13	Lived experience speaker message Mr Mohamed Shankhair Person with lived experience, Amman, Jordan	Pre-recorded audio intervention
4.13-4.19	Ms Soraya Ramoul Senior Director, Global Access to Care, Novo Nordisk	COVID-19 as a turning point for action on revisiting the concept of people-centeredness and meaningful involvement of people living with NCDs and opportunities for collaboration with the government, private sector and civil society
4.19-4.25	Mr Khurram Hashmi Technical Advisor, The International Union Against Tuberculosis and Lung Disease	The Union adaptation of its operations to support communities affected by the pandemic and NCDs, in collaboration with the government, private sector and civil society

Fireside chat with participants

4.25-4.45	Pr Mohamed Sobhy President of the Cardiovascular Research, Education, Prevention Foundation	Reflecting on the past and present: the responses to the pandemic that could also help save lives from NCDs and prioritise the needs of vulnerable populations
	Mr Bryson Childress Director of Global Programs, American College of Cardiology	The purpose and contributions of the NCD Academy
4.45-4.50	Dr Zied Mhirsi Director at Global Health Strategies; Co-founder of the Tunisian Center for Public Health	Wrap-up panel and conclusions



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