

NCD Alliance regional multi-stakeholder dialogue in the LATIN AMERICAN AND CARIBBEAN REGION



Inspiring Change, Putting People First:

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

FINAL MEETING REPORT

8 June 2021



The NCD Alliance regional multi-stakeholder dialogue in the Latin American region was organised with the support of The Leona M. and Harry B. Helmsley Charitable Trust

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Executive Summary

The NCD Alliance regional multi-stakeholder dialogue in the Latin America and Caribbean region is part of a series of regional dialogues held by the NCD Alliance. This dialogue gathered representatives from the private sector, governments, multilaterals, people living with NCDs, and NCDA member organizations. These series of regional dialogues aimed to discuss region-specific people-centred approaches to address NCDs and transform healthcare systems in order to build back better and fairer after the COVID-19 pandemic.

The dialogues, held in Latin America, Africa, Southeast Asia and the Eastern Mediterranean region will contribute to the Global Charter on Meaningful Involvement of People Living with NCDs. The Charter seeks to provide a shared understanding of meaningful involvement of people living with NCDs, its importance, key principles and strategies for implementation; contribute to a growing knowledge base on meaningful involvement of people living with NCDs, increasing understanding of its impact as well as enablers and barriers to its advancement; increase commitment to embed meaningful involvement of people living with NCDs in organizational practices, with governments, multilaterals, relevant private sector and civil society organizations called upon to publicly endorse and sign on to the Global Charter; and provide an accountability process on advancing meaningful involvement of people living with NCDs with periodic reporting required from endorsing organizations on actions undertaken, challenges faced and lessons learned in implementing the Global Charter.

The multi-stakeholder Latin America and Caribbean virtual dialogue held on 8 June had representatives from PAHO, UHC2030, the Healthy Caribbean Coalition, Mexico SaludHable, Healthy Latin American Coalition (CLAS), Viatris, the Helmsley Charitable Trust, the American Heart Association, the Ministry of Health of Costa Rica, and people living with NCDs from Mexico, Guyana, and Brazil. Also, the dialogue had 106 participants from all over the Latin America and Caribbean region.

Speakers highlighted how the COVID-19 pandemic had a bigger impact on patients with NCDs and their families, and how their treatments and medicine prescriptions were delayed, causing increased morbidity rates in this vulnerable group. Furthermore, the pandemic has put more pressure on already weak and deficient healthcare systems that are unable to provide high quality medical attention to people with NCDs and that, even before the COVID-19, were inequitable. Problems such as a lack of funding, medical supplies, and medicines were even more evident during this double healthcare crisis.

However, despite this crisis, speakers remarked how we can use this moment as an opportunity to transform healthcare systems, to invest in technology to improve access for patients, connect with communities to implement high-impact projects with entrepreneurs, and more importantly, to give a voice and empower people with NCDs. It is through their experience and knowledge that governments can transform healthcare systems with the support of the private sector and NGOs.

In this context, speakers from the Helmsley Charitable Trust, the American Heart Association, Mexico SaludHable and the Healthy Caribbean Coalition presented some of the initiatives and strategies they are implementing and that represent the correct use of meaningful involvement of people living with NCDs. Moreover, government representatives discussed how, from a public sector perspective, it is possible to promote social participation to improve healthcare; and from the private sector, a representative from Viatris, explained how the private sector can be involved in these initiatives and support NGOs to build a more equitable and human healthcare system that leaves no one behind and that places people at the center.

This multi-sectoral dialogue and the outcomes of this discussion would not have been possible without the funding and the support from the Leona M. and Harry B. Helmsley Charitable Trust.

Introduction

Noncommunicable diseases (NCDs) are one of the leading causes of death and disability in the world. NCDs impact families and communities by cutting lives short, disabling, impoverishing, and fueling stigma and discrimination. Despite the establishment of global targets for action on NCDs, progress on NCD prevention and control at the 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 Pan-American 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 shaping their own health and ensuring that NCD policies, programmes, and services are effective and appropriate for the beneficiaries they are meant to be serving. Their meaningful involvement along with the active participation and commitment from different sectors, such as governments and the private sector, are basic key elements to start transforming our healthcare systems.

The Latin America and Caribbean dialogue helped identified key topics to be addressed in the Global Charter, recommendations from the different sectors that aim to put people at the center of the decision-making process, challenges, and barriers that people living with NCDs face every day, solutions that governments and the private sector have implemented to promote meaningful involving and that are already having great outcomes in the region. Moreover, the regional dialogue helped identify the missing pieces and what is left to be done in the health sector.



Community members in La Lima, Honduras, participate in a dialogue on health educators.

Therefore, during the dialogue the following objectives were pursued:

- Take stock of progress achieved on NCDs and challenges faced at the regional level in the current COVID-19 context;
- Discuss the value of adopting people-centered approaches to address NCDs and explore the role that different stakeholders such as governments, multilaterals, relevant private sector, and civil society can play;
- Highlight successful models and initiatives that have put people first, helped further the NCD response and created social impact for communities;
- 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.

According to Katie Dain, CEO of the NCD Alliance, 80% of deaths in Latin America and the Caribbean are caused by NCDs, and the region has become one of the epicentres of the COVID-19 pandemic. Katie Dain reinforced that since the onset of the pandemic in the region, services for the prevention and treatment of diseases have been critically disrupted, representing a significant challenge to sustainable development and to achieving progress towards Universal Health Coverage targets. “COVID-19 has exposed the damage that neglecting NCDs and cutting public funds on prevention and health has done over the years in several countries,” said Ms. Dain. In this context, she stated the importance of multi-sectorial dialogues to understand different perspectives, integrate different approaches and solutions, and understand how we can implement meaningful involvement to hear and put people living with NCDs at the center of these dialogues. The discussions, strategies, and ideas from the dialogue fed into a broader effort to understand and promote meaningful involvement throughout organizations and through the Global Charter on Meaningful Involvement of People Living with NCDs.

In this same wording, Dr. Beatriz Champagne, Coordinator of the Healthy Latin American Coalition (CLAS), mentioned “these dialogues were meant to inspire a change, to allow us to rebuild our societies and our healthcare systems by putting people at the center of meaningful involvement.” To achieve this, during the dialogues, discussions took place about the progress, challenges and successful cases in the region; the value of projects that are based on meaningful involvement; and the role that different sectors have, but more importantly agreements were made on how we can have a common vision and shared objectives for meaningful involvement of people living with NCDs.

Keynote Address

SPEAKER

Dip. Gabriela Cuevas Barrón,
Co-Chair of the UHC2030 Steering Committee

Reflections on Putting People First: Unpacking the concept in light of realities of the region and current context

Overview

Healthcare systems face different challenges including corruption, inequity, and limited funding. In this context, the COVID-19 pandemic generated a double health crisis that caused hospitals to be overwhelmed and unable to attend NCDs patients. We must work together, put people at the center of decision-making and hear the voices of people living with NCDs to build back fairer and to attend the most vulnerable..

Key messages

Meaningful involvement can be a strategy used to promote accountability, equity in the division of resources, and guarantee UHC. It is necessary that society works together and demands a bigger investment in high quality healthcare systems that would help also to reduce the barriers that prevent people from accessing medical attention. This conjoint work could help create more resilient and better healthcare systems that guarantee UHC, put people at the center of the system, and benefit the most vulnerable.

Main themes

- The COVID-19 pandemic affected the most vulnerable (women, children, unemployed people and people with NCDs) and prevented them from receiving medical attention;
- Corruption reduces resources, limits the amount of healthcare workers and medicine and produces poor medical infrastructure;
- Accountability and civil society participation can be tools to help promote equity and UHC;
- Participation and compromise from different sectors of society are needed to work together to transform healthcare systems;
- Funding for healthcare doesn't comply with the international minimum recommendations established (according to CEPAL 6%).

Recommendations

- Promote meaningful dialogue with people living with NCDs and their families. Meaningful involvement can help engage local communities and promote community action.
- Promote accountability mechanisms and citizen participation to fight corruption.
- Use technology to improve access for patients: create medical digital prescriptions that can last longer.

"The COVID-19 pandemic has left us several painful lessons and among them is how inequality has left the right to health beyond the reach of millions of people, particularly in Latin America and the Caribbean."

“In 2019, NCDs represented the majority of the causes of death in Latin America and the Caribbean. Without resilient health systems, the pandemic has led to the interruption of health services, leaving them unprotected even when they face conditions of greater vulnerability to COVID-19. ”

“In the regional context, the role that corruption plays cannot be ignored. It has had a direct negative effect on the performance of our health systems, and it is a trend that has continued even with the pandemic. Corruption reduces the resources available for public financing, which are already very limited. In turn, this leads to insufficient health workers, inadequate infrastructure, shortages of medicines and even the existence of unofficial payments, which limits access to health for many, many people.”

“We recognize that active citizen participation, together with parliamentary supervision and the work that we can carry out among all social sectors is how we can guarantee that resources are allocated efficiently and equitably, and that they are used in an appropriate and effective manner.”

“It is important that we work on community responses. At UHC2030, we have found that public health decisions are most effective when seeking and facilitating the involvement of the communities targeted by the solutions.”

“We advocate investing in health systems for all people. Money cannot decide who lives and who dies, it cannot continue to decide who has care and who does not during the pandemic.”

“We need an approach to health systems that is cross-sectoral and sensitive to the gender perspective. From this context, we must increase public spending on a wide range of health services, from preventive to palliative care, and special measures must be implemented to expand access to essential medicines, particularly for people living with NCDs for whom any shortage can pose a great threat to their lives.”

SPEAKER

Mr. Bruno Helman,
Our Views, Our Voices Advisory Committee Member/IDF, Brazil

Reflections on why people and communities must be centre-stage in building back fairer from the COVID-19 pandemic

Overview

Optimism and positive results are seen in the activities and strategies implemented. The global context also seems promising with the launch in the coming days of the Global Charter. This is a strategy that will help build back better and fairer from the COVID-19 pandemic. Mr. Helman made a call to all advocates to take this conversation to the local and regional levels and made an invitation to WHO and PAHO to join the conversation.

Key messages

All over the world, more than 30 million people die from NCDs and about 460 million are living with diabetes. In order to build back fairer after the COVID-19 pandemic, healthcare systems need to put people at the centre, to gather as many different voices as possible and to empower the voices of people living with NCDs. As a patient living with type 2 diabetes and other NCDs, Mr. Helman highlighted the progress made thanks to recent activities, such as the informal consultation with people living with NCDs, held last December, and this year's informal consultation with people living with diabetes plus the launch of the NCD labs. This last project had the support and direct involvement of WHO and was created considering a three-sided framework: gender equality, meaningful involvement, and youth health. Another key event was the Global Diabetes Summit, where WHO showed they are not only talking the talk but also walking the walk. It is only left for advocates to take their work on these topics to the regional and local levels and for other international and regional organizations to join the conversation.

Main themes

- Importance of diversity and hearing different voices to get to correct solutions;
- Meaningful involvement as an ongoing process that goes from conceptualization to evaluation;
- Recap of all initiatives that have given great and positive results and that have considered meaningful involvement.

Recommendations

- Include as many different people as possible from different contexts in the Global Charter. The more diversity the richer the conversation.
- Take the conversations to a regional level, include advocates (people living with NCDs) and regional and international organizations.

“It is not about consulting people when it is convenient. Promoting meaningful involvement is an ongoing process.”

“I would like to highlight the importance of this global movement, and now it is up to us help advocates – people living with NCDs – to bring this to the local level and regional level, so I invite especially WHO and PAHO and other regional offices to join this conversation and promote and guarantee that people living with NCDs are at the center and are the main voice of this movement from now on.”

PANEL DISCUSSION 1

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

SPEAKER

Dr. Anselm Hennis,
Director of the Department of Non-communicable Diseases and Mental Health, PAHO

Overview

Dr. Anselm Hennis described how the COVID-19 pandemic highlighted the pre-existing weaknesses of health systems and put the more vulnerable at a higher risk. Social distancing and the lack of timely attention led to more deaths and acute cases among people living with NCDs. However, this health crisis can also be an opportunity to identify barriers, and to connect with patients and their families so we can put them at the center, learn from their experiences and transform our health systems.

Key messages

The COVID-19 pandemic led to a crisis in health systems all over the world. In May 2020, according to a survey done by PAHO, 53% of countries in the world saw their health services overrun by the amount of people infected by COVID-19. In 2021, this percentage was still at 41%. Thus, the pandemic had a negative impact on health services that lead to increased mortality in NCDs and in acute cases. In many cases, telephonic or online medical attention was not enough, and it cannot ever substitute face-to-face medical attention.

However, it is possible to see this crisis as an opportunity to transform health systems and connect with communities. It is necessary that we listen to and learn from people living with NCDs, they have clarity on the challenges they face in the system, and what should be different in the medical attention they receive. Therefore, we should focus on people, their voices, and their perspectives. It is also an opportunity to transform health services by investing in them, and by improving coordination among different sectors.

Main themes

- Negative impact of the COVID-19 pandemic in health systems highlighted pre-existing barriers and deficiencies;
- Importance of meaningful involvement of people living with NCDs by listening to them, empowering their voices and applying their knowledge into concrete health strategies;
- Transformation of the health system after the COVID-19 pandemic could be seen as an opportunity to learn.

Recommendations

- Empower people with NCDs and their families, make them “owners” of their diseases through meaningful involvement and learning from their experiences and perspectives. They are quite aware of their needs and the barriers they face to receiving medical attention.
- Improve coordination between different sectors of society (private sector, government, communities, and civil society) to improve investment in health services.
- Incorporate NCDs as a parameter for evaluation of medical services.

- Eliminate barriers for vulnerable people that prevent them from accessing medical services, such as informal work that does not provide medical insurance.
- Institutionalize mechanisms for people with NCDs.
- Look at the COVID-19 crisis as an opportunity to strengthen mechanisms and resilience and improve vigilance and monitoring of NCDs.

“We must empower people living with NCDs and their families, make them the owners of their diseases through meaningful involvement.”

“The impact of the pandemic has been quite significant in terms of service delivery.”

“Integrated people-centred health services means putting people and communities, not the diseases, at the center.”

SPEAKER

Dr. Alejandra Acuña,
Vice-minister, Ministry of Health, Costa Rica

Overview

During the health emergency caused by COVID-19, the Government of Costa Rica and mainly the Ministry of Health implemented different strategies to support people living with NCDs. Dr. Acuña highlighted the implementation of a multi-sectoral model that included the participation of civil society and communication strategies guided by active participation and centered around people.

Key messages

The Government of Costa Rica has promoted a health system focused on people and that works towards UHC. During the health emergency due to COVID-19, the Ministry of Health created a set of guides and communication strategies for people living with NCDs; these guides were specific for each group. Along with this, the Ministry of Health also created a multi-sectoral model that included:

- Importance of risk assessments and specific plans based on them: an assessment was made in each community to find out how many people were in a vulnerable situation due to NCDs and a plan was created accordingly.
- Need for community participation to stop disease transmission chains.
- Need to create alliances between the private sector, communities, and government.

During this health emergency, the Government of Costa Rica realized the importance of having a strategy to ensure open and active communication channels with communities to understand their needs.

Main themes

- Transforming a crisis into an opportunity;
- Creating communication channels with communities;
- Strategic and multi-sectoral alliances (private sector, governments, civil society, and communities).

Recommendations

- Use technology to implement solutions like digital prescriptions, and unique files per patients. This strategy offers the possibility of bringing medicines to the homes of sick people.
- Create active and open communication channels with communities to face diseases and protect the most vulnerable.

“We have learnt that it is possible in the government to have open and active channels to communicate with communities and put them at the center of our strategies.”

“We have established alliances between the government sector, the private sector and civil society. We have the great challenge of rethinking the strategy for non-communicable diseases in collaboration with civil society organizations.”

SPEAKER

Mr. Jaime Barba,
Our Views, Our Voices advocate, México SaludHable

Overview

Jaime Barba, who lives with chronic obstructive pulmonary disease (COPD), highlighted the importance of placing people at the center of the decision-making process in the health system. A transformation of the health system should include the respect of human dignity and consider each person's history and disease. NCDs have a significant impact on people's economies, and it is no longer acceptable that the future of patients and their families could be put at risk due to the high cost of these diseases. Governments are required to act now and place people at the center of every health system.

Key messages

With the current healthcare system, living with an NCD is like riding a bike that does not “quite fit,” that does not take care of patients and that ends up costing too much for the patients and their families. According to the World Health Organization, NCDs are the principal factor of impoverishment: treatment costs, sick days and inability to work end up costing the future for many families. The COVID-19 pandemic only made these inequalities more evident. In 2020, just in Mexico, 130,000 people died for causes not related to COVID-19, and many of them died because they did not have medicines, because of delayed medical procedures or because of a missing diagnosis.

Main themes

- The economic burden of NCDs for patients and their families is no longer acceptable;
- A transformation of the health system should consider people's experiences to understand their needs;
- We need to invest in a health system that respects human dignity.

Recommendations

- Implement campaigns to identify people living with NCDs, assess their needs and implement health strategies to protect them.
- Place people at the center of the health system and of the decision-making process.

“COVID-19 transformed the world, now we need governments to change and invest in health systems.”

“Every person that has an NCD has a story and a face. Now we say, enough, put people first.”

“I would like us to imagine a bicycle factory, where they attempt to build the best bicycle, with the best materials, with the most advanced technique, but they do it without taking the cyclist into account. Ask us, do you think you can win a competition? To be a good bicycle, the manufacturer must first consider the rider, what is he like, ask him how they can help him to win? People living with an NCD, we must run for our lives on a bicycle that sometimes the pedals are too small or too big, others make a bicycle too big or too heavy. For us, the distance to travel is always long and it is always uphill. An effective health system must be based on people, listening to the needs of each one of us. The first and ultimate goal of any health system must be the human being.”

SPEAKER

Sir Trevor Hassell,
President of the Healthy Caribbean Coalition

Overview

Sir Trevor Hassell talked about the inequalities that exist in health systems and medical services in Latin America and the Caribbean. These inequalities lead to a disproportionate burden to people with NCDs during the COVID-19 pandemic, thus showing the need of a global healthcare system. Prevention is also a key factor in this topic, and the private sector has a big responsibility concerning the products that they sell and that might lead to chronic diseases. Finally, strategic communication is a fundamental tool to implement successful public policy strategies and to gain the collaboration of communities, NGOs, the private sector, and the government in the transformation of health systems.

Key messages

As mentioned before, COVID-19 put more pressure and represented a bigger challenge for people living with NCDs. These challenges reflect the previous inequalities that existed in healthcare systems even before the health crisis, and moreover reflect the increasing need for a global system.

In this context, the private sector has a crucial role and responsibility in creating and promoting healthier food systems. In the Caribbean, more than 70% of food is processed or ultra-processed, thus, not contributing to the control and prevention of NCDs. Therefore, strategies are needed to demand healthier food and to communicate their importance for disease prevention. A big asset in this context is strategic communication for promoting interaction and developing and implementing public policies on these topics. The Healthy Caribbean Coalition has focused precisely on developing an agenda focused on disease prevention by using effective communication to gain community support and meaningful involvement.

Main themes

- Role and responsibility of the private sector in developing healthier food systems and in investing in health systems and medical attention;
- Relevance of strategic communication when promoting disease prevention and control inside communities.

Recommendations

- Demand economic support and the creation of healthier food systems from the private sector.
- Implement effective communication for the public policy agenda, in daily work with communities and to create environments that promote change.
- Focus strategies and plans for people and their needs.

“One of the most compelling reasons for a people-centered approach to NCD prevention and control revealed by the pandemic has been the recognition of people living with NCDs are disproportionately affected.”

“The fragility and weaknesses of primary healthcare based health systems for universal health became very evident during the pandemic, often because they were not in fact rooted in the active participation of people.”

“Effective communication has the potential to create an environment in which it is easier for policy makers to implement effective policies. It also provides an opportunity to gain high-level buy-in for policies and can highlight policy challenges by specific interest groups. Effective communication strategies also commit multi-sectoral engagement and opportunities for effective collaboration with public health and non-health institutions and organisations, thus increasing the potential for positive outcomes.”



PANEL DISCUSSION 2

Explorar soluciones para movilizar a las comunidades en Latinoamérica y el Caribe (LAC) hacia el logro de una respuesta a las ENT centrada en las personas en el contexto de la COVID-19

SPEAKER

Mr. Juan Núñez,
Coordinator, National NCD Alliance, México SaludHable

Overview

NCDs are a pandemic every year due to the deaths and the chain of diseases they leave. The COVID-19 pandemic more severely affected people living with NCDs due to the lack of treatments, medicines, and unemployment. Moreover, people living with NCDs are at a greater risk of dying or being hospitalized if infected with COVID-19. To face these challenges, we need political engagement, communication, education and to hear the voices and perspectives of people living with NCDs.

Key messages

In Mexico, cardiovascular diseases are the number one cause of death. COVID-19 became the second cause of death in the country, leaving diabetes in third place. NCDs are a big challenge for every healthcare system, and in the context of COVID-19 patients had to stop their treatments, and pay for their own medicines due to shortages in public health institutions, which caused a bigger economic burden for these patients. Moreover, confinement caused an increase in mental diseases and acute symptoms, causing an even more stressful and challenging situation for people living with NCDs and their families. Particularly in Mexico, vulnerable populations with comorbidities caused by tobacco, cardiovascular diseases, and obesity faced even more dangers.

Since 2018, different organizations have carried out an advocacy agenda with the help of people living with NCDs; the purpose of this agenda is to build participatory citizenship to promote change. This agenda includes testimonies and stories of people living with NCDs and identifies – with their help – their needs, and solutions to transform healthcare systems.

Main themes

- Economic impact and burden of the COVID-19 pandemic in people living with NCDs;
- Importance of a political advocacy agenda and participatory citizenship to promote change;
- Mental diseases have also to be considered when developing a strategy to support patients with NCDs.

Recommendations

- Create and implement an advocacy agenda that promotes participatory citizenship of people living with NCDs and their families.
- Promote health education through testimonies and participatory sessions.
- Compile real-life stories and testimonies of people living with NCDs and their families, to identify challenges and needs, and understand the healthcare system from their perspective.

“The disruption of family economies hit the households where some members live with a disease. In addition to the unemployment that has been experienced in the COVID-19 pandemic, there are insufficient medicines in the public health institutions that serve most of the population, which in the best cases forced people to pay out of their pockets.”

“High blood pressure, diabetes, obesity and overweight, as well as smoking have been the main co-morbidities of COVID-19 in Mexico, which together with advanced age increase the risk of aggravation in those who are infected.”

SPEAKER

Mr. Chandrashekhar Potkar,
Regional Chief Medical Officer for Emerging Markets, Viatris

Overview

Mr. Chandrashekhar Potkar, highlighted the syndemic or twin public health emergency that we have been living for the last 15 months due to COVID-19 and NCDs. The health emergency demonstrated the funding gap that currently exists in healthcare systems for the diagnosis and treatment of NCDs, but this crisis can also be an opportunity to learn about and improve healthcare systems.

Key messages

In the last 15 months, we have had more than 75 million cases of COVID-19 and almost 4 million deaths caused by it worldwide. On the other hand, last year we had 41 million deaths due to NCDs and about 77% of them have happened in low- and middle-income countries. There is a direct correlation between COVID-19 and NCDs, and it is evident in the 10% increase in mortality rates among communities of people living with NCDs due to COVID-19. Moreover, the pandemic made evident the existing funding gap in the healthcare system: USD 11 trillion were invested to fight the pandemic, while to cover the 2030 Sustainable Development Goal (SDG) 3, we need only a third of that, about USD \$371 billion to guarantee UHC. Therefore, an integrated approach and investment is needed to protect people from current and future pandemics. Finally, the pandemic also led to the use of new technologies to access patients, and strategies such as the COVID-19 track and trace, which can be leveraged for NCD screening.

Main themes

- Syndemic or double public health emergency caused by COVID-19 and the pre-existing pandemic of NCDs
- Funding gap to address NCDs and future pandemics and achieve SDG 3 of universal health coverage
- Leverage pilot programmes and technology used during COVID-19 for NCDs screening and attention.

Recommendations

- Implement and invest in technology to access patients and leverage pilot programmes used during COVID-19.
- Create emergency and reaction funds to answer to recurrent public health crises and invest better to achieve SDG 3.

“There is a disproportionate funding gap that we have seen for NCDs. We have about 11 trillion dollars of investments in this pandemic of COVID-19. On the other hand, what we really require is about 371 billion dollars to conquer SDG 3 for NCDs by 2030.”

SPEAKER

Ms. Diana Gittens,
Our Views, Our Voices, Global Advisory Committee, Guyana

Overview

Meaningful involvement of people living with NCDs and their families is a challenging process. This process includes education and creating the adequate environments for capacity development, to understand the distinct roles that people have as lawmakers, politicians, healthcare experts, patients, and citizens. The Global Charter represents a great opportunity to clarify this along with expectations and future challenges.

Key messages

People living with NCDs are the experts that must be listened to; they understand healthcare systems, and know the challenges and the barriers because they face them every day. Telling their stories is a key strategy to improve this system. But this process will not be achieved without meaningful involvement, education, and communication. These three strategies can be facilitated by creating adequate environments where people can communicate and fulfil their role. That is why the Charter represents a great opportunity to create this environment that promotes dialogue between people from different sectors.

Main themes

- Importance of education, capacity building and awareness raising for meaningful involving
- Relevance of personal stories from people living with NCDs to promote change and awareness.

Recommendations

- Create awareness that people living with NCDs are the experts because they know the system from beginning to end.
- Promote education to understand what meaningful involvement is.
- Create adequate environments for capacity building so people understand their roles and understand and address problems better.

“As people living with NCDs, we need to be educated on what meaningful involvement is, but we also need support to develop additional skills.”

Fireside chats

Showcasing community-driven innovation through Civil Society

During the fireside chats, the Helmsley Charitable Trust and the American Heart Association showcased the community-based projects they are implementing and how these projects have people-centred strategies, and hence, a high impact for medical care and access to communities.

SPEAKER

Ms. Estefania Palomino,
Program Officer, the Leona M. and Harry B. Helmsley Charitable Trust

Overview

The region has suffered a moment of great difficulty due to COVID-19; millions of lives have been lost, but now is the moment to think about what is coming after this crisis and how can we be better. The Helmsley Charitable Trust foresees three strategies that can be developed by civil society: strengthen healthcare systems to face financial challenges; increase access to insulin in LMICs; help amplify the voices of people living with chronic NCDs. These strategies will help support the supply chains of medicines to ensure high quality treatment for people living with NCDs.

From civil society, it is also necessary to create a dialogue with the private sector to seek their support. Most of the burden of the COVID-19 pandemic has fallen on governments and the public health sector, but very little on the private sector.

Key Messages

- Private sector has a responsibility and a role to play, and civil society is in a good position to start a dialogue with them to seek their support and advocate for an increase in budget for health.
- Civil society can create programmes to support medicine supply chains to ensure that people living with NCDs have access to medicines.
- Amplifying the voices of people living with NCDs is a relevant strategy to create awareness and give a face to numbers.

“I want to recognize that this is a very difficult moment in the history of humanity but especially in the history of the people who advocate for health policies on the issue of the COVID-19 pandemic, and more importantly the particular situation that Latin America is going through at this time.”

SPEAKER

Ms. Diana Vaca McGhie,
Director Global Advocacy, American Heart Association

Overview

To implement a people-centred and integrated approach to improve equity, the American Heart Association has invested in solutions based in communities, and mainly in social entrepreneurs. Through their Accelerator and Social Impact Program, they promote capacity-building within communities. Some examples of the projects they have supported are a diabetes management wearable device, and an organization addressing food insecurity and transportation barriers by providing affordable groceries at metro stations. These programmes allow them to have a real impact on people's lives because they can address issues that go beyond the disease; they allow them to address education, food systems, the environment, and the bond with communities. The main purpose is to engage communities to include them in the strategies that also include monitoring and follow-up to guarantee equity in healthcare systems. Through this approach they create a bottom-up transformation.

Finally, in the context of COVID-19, there is an opportunity to explore new financial models, to fund long-distance medical programmes and to create new business models.

Key messages

- Create coalitions and alliances with communities to strengthen healthcare systems.
- Create a common ground to address doubts and challenges.

“NGOs can play a significant role in promoting universal health coverage as they can bring different stakeholders together around this common interest.”

“We need equity in health. Each person deserves the opportunity to live a full and dignified life.”

Next steps

During the Latin America and Caribbean regional dialogue, representatives from different sectors shared their perspectives and visions on meaningful involvement and the diverse solutions their sector has implemented to overcome the barriers that prevent people living with NCDs from accessing high quality medical treatments. Moreover, these dialogues highlighted the importance of listening to people living with NCDs since they are the ones who know the systems' limits and weaknesses.

The dialogue also gave a general context to the situation that we are currently facing due to the COVID-19 pandemic, a crisis that reinforced the inequalities of the healthcare system (access to treatments and medicines) and that became a bigger economic burden on people living with NCDs due to the lack of medicines or treatments and unemployment. Moreover, it became more evident that healthcare systems in the region have insufficient funding, and with the pandemic, medical services were completely overrun, thus increasing mortality rates in vulnerable communities, such as the one of people living with NCDs. In this context, corruption was identified as one of the challenges that deviate funding for medical infrastructure, medicines, and treatments.

Despite this crisis, it was also reinforced that the COVID-19 pandemic can be seen as an opportunity to reinvent the system and transform it into a people-centred healthcare system. Progress has been made in different areas and the implementation of certain projects has helped transform healthcare systems. For instance, community-based projects and advocacy of people living with NCDs have helped give a more human perspective and create high-impact solutions. Moreover, the participation of the private sector and their support to different NGOs has been invaluable for helping specific communities and ensuring the supply chain of essential medicines such as insulin.

In addition, some of the solutions to be considered for future actions and commitments such as the Global Charter are:

- Invest in technology to improve attention to patients and reach out to patients that are far away;
- Leverage pilot strategies and projects used in the COVID-19 pandemic to detect and treat NCDs;
- Develop accountability mechanisms and promote citizen participation to fight corruption;
- Strategic communication to promote a multi-sectorial dialogue with relevant private sector, civil society, government, healthcare specialists, people living with NCDs and their families;
- Create appropriate environments that promote education and capacity building for people living with NCDs and a general audience so that people understand what meaningful involvement is and what it is not, together with the roles, expectations, and responsibilities implied;
- Amplify the voices of people living with NCDs and their families; use their testimonies to improve the health system and advocate for universal healthcare;
- Increase the funds designated to the health sector, particularly for people living with NCDs through different means such as taxes on products that are related to these diseases, funding from the private sector and projects with a community-based approach;
- Support and develop community-based projects from entrepreneurs that focus on community engagement to fight NCDs;
- Demand the creation of healthier food systems that can help prevent NCDs and promote healthier lifestyles;
- Identify and eliminate the barriers that prevent people from accessing medical services and treatments such as informal work; thus, aiming for a universal health coverage.

In general, the Latin America and Caribbean regional dialogue helped to build momentum and create commitments from the different sectors in the region to have a real impact on healthcare systems and also in the lives of people living with NCDs.

Conclusions

During these dialogues, it was evident that the Latin American and Caribbean region has made progress and had success stories in the last year regarding meaningful involvement. It was discussed that universal health coverage means investing better and strategically in health, so that no one is left behind. This investment must be monitored by people so that public resources are correctly spent according to people's needs and corruption can be defeated. Thus, meaningful involvement would also require that people take a stand and participate in monitoring and surveillance strategies for the investment in public resources.

Moreover, other challenges were addressed such as the lack of attention and prioritization of NCDs as a continuous pandemic that he has suffered from many years of neglect and that will continue to have devastating costs if we do not act now. To achieve this, structural barriers within governments and organizations should also be tackled to ensure meaningful involvement of people living with NCDs.

Despite this, an optimistic future can be foreseen if we are able to learn from the past and from the COVID-19 health crisis. Ms. Beatriz Champagne remarked that the crisis can be transformed into an opportunity, and we can learn from the transformation caused by COVID-19 that led to using technology to access patients and track diseases, bearing in mind that technology can be used for treatment but also for prevention.

Finally, these dialogues demonstrated the impact that meaningful involvement can have when people's voices are listened to and attended, when people are at the centre of the decision-making process, and when different stakeholders participate together to implement high-impact projects in communities and unite their voices to transform the healthcare system into a more human-centred and equitable one.

ANNEX

Time CEST	Speaker	Description
16.00–16.05	Ms. Katie Dain CEO, NCDA	Welcome and introductory reflections from NCDA
16.05–16.10	Dr. Beatriz Champagne Coordinator, Healthy Latin American Coalition (CLAS)	Context and goals of the regional dialogue
16.10–16.18	Ms. Gabriela Cuevas Barron Co-Chair of the UHC2030 Steering Committee	Putting People first: Unpacking the Concept in light of realities of the region and current context
16.18–16.23	Mr. Bruno Helman Our Views, Our Voices Advisory Committee Member/IDF, Brazil	Why people and communities must be center-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

16.23–16.29	Dr. Anselm Hennis , Director of the Department of Noncommunicable Diseases and Mental Health, PAHO	
16.29–16.35	Dr. Alejandra Acuña , Vice-minister, Ministry of Health, Costa Rica	
16.35–16.41	Mr. Jaime Barba , Our Views, Our Voices advocate, Mexico SaludHable	
16.41–16.47	Sir Trevor Hassell , President, Healthy Caribbean Coalition	

Fireside chat with participants

16.47–17.07	Ms. Estefanía Palomino , Program Officer, Helmsley Charitable Trust	Showcase community-driven innovation through civil society
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PANEL DISCUSSION 2

Exploring solutions to mobilise communities in Latin America and the Caribbean for a people-centered response for NCDs in the COVID-19 context

17.07–17.13	Mr. Juan Nuñez , National NCD Alliance, Mexico SaludHable	
17.13–17.19	Mr. Chandrashekhar Potkar , Regional Chief Medical Officer for Emerging Markets, Viatrix	
17.19–17.25	Ms. Diana Gittens , Our views, Our Voices Global Advisory Committee, Guyana	

Fireside chat with participants

17.25–17.45	Ms. Diana Vaca McGhie , Director Global Advocacy, American Heart Association	Implementing a people-centered and integrated approach to improve equity
17.45–17.51	Ms. Beatriz Champagne , Coordinator, Healthy Latin American Coalition (CLAS)	Wrap-up panel and conclusions



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