

# **THET POSITION PAPER**

# **NON-COMMUNICABLE DISEASES**

This paper is part of THET's Position Paper series, which aims at illustrating THET's effort to coordinate and streamline our thinking on key thematic issues. This will guide our programme design ensuring that we are offering the right solutions to the most pertinent issues in each country we work in.

Each theme has been chosen because we think they are often neglected by both the development and global health sectors.

## GLOBAL NEED

Longer lifespans, diets high in calories, sedentary lifestyles, air pollution and the increased use of alcohol and tobacco are leading to an increasing global prevalence of non-communicable diseases (NCDs) particularly within low- and middle-income countries (LMICs). In turn these diseases are responsible for a significant proportion of disability and mortality, while at the same time perpetuating poverty and preventing economic and social advancement. The diseases that pose the greatest burden across LMICs are cardiovascular diseases and diabetes – in 2015 the mortality rate as a result of cardiovascular diseases in Ethiopia for example, was 103/100,000, while that for diabetes was 13/100,000 .

Yet, inadequate resources have been mobilised to reduce their prevalence and to provide adequate access to diagnosis, treatment and prevention to date. This is despite calls by the Sustainable Development Goals (SDGs) for NCDs to be addressed as a major barrier to sustainable development as well as an increased profile and the provision of clear recommendations for preventing and controlling NCDs by the UN General Assembly.

Within this context and in line with THET's vision of a world where everyone has access to health care, we are committed to supporting innovative and evidence-based initiatives that increase access to NCD services for underserved populations who are affected by or are at high risk of developing NCDs. We will work to ensure that 'no one is left behind'.

## OUR STRENGTHS

THET has a longstanding history of delivering health worker training programmes to alleviate the NCD burden in LMICs. Our most notable involvement has been in Ethiopia where for almost 20 years we have worked in partnership with Jimma and Gondar Universities and UK academic institutions – now under the umbrella of the THET Ethiopia NCD Alliance (THENA) – to decentralise NCD services from urban hospitals to rural health centres. This work has primarily involved the training of health centre nurses and health officers to deliver these services and has resulted in over 8,000 patients being able to access long term diagnosis and treatment. THET was also a partner to the Ethiopian Ministry of Health in the drafting of the 2014 national strategy on NCDs.

Since 2011 THET has also supported partnership interventions through the DFID-funded Health Partnership Scheme. The interventions have included nurse training in chronic respiratory disease diagnosis, treatment and care in rural Ethiopia, and multidisciplinary training to screen and treat for diabetic retinopathy in Zambia. By 2017 we had supported the delivery of NCD training to 4,500 health workers across 27 LMICs.

## THET'S COMMITMENT

THET and its partners are in an advantageous position to address the increasing NCD prevalence in our countries of operation and in other LMICs across sub-Saharan Africa, Asia and the Middle East. We have a track record in delivering programmes effectively as well as to a high quality through leveraging the expertise of the NHS health workforce. There exist numerous opportunities for THET in addressing NCDs, as follows:

- Expanding our Ethiopia Chronic NCD Programme within the country and to other countries, including those in which THET has a presence.
- Refining our Ethiopia Chronic NCD Programme model through, for example, further research and increased efforts to engage with local communities.
- Developing new collaborative programmes with NGOs, private companies and local institutions that have similar interests in tackling NCDs.

THET is faced, however, with financial challenges in delivering this work. Despite the urgent and significant needs, NCDs are not currently prioritised by the donor community. We will prioritise the tracking of funding opportunities through multilateral and bilateral agencies, trusts and foundations, individuals and the private sector, as well as the consideration of innovative alternatives to traditional funding and partnership structures.

THET will work in partnership with health institutions, Ministries of Health and other organisations that have an interest in tackling NCDs. We will have three areas of focus:

1. Providing NCD training and enabling health workers to deliver high quality NCD services including screening, diagnosis, treatment and long term management of conditions. Health workers at accessible health facilities will be chosen for this purpose.

2. Raising awareness of NCDs, the importance of screening and adherence to treatment, and empowering the most underserved communities to maintain healthy lifestyles.

3. Conducting research or working with research partners to answer the most pertinent NCD questions and to inform our work.

Hypertension and diabetes have been identified as the two most prevalent NCDs across LMICs. To ensure clarity and that we are addressing the greatest needs, THET will focus primarily on these conditions. Should this work bring forth additional opportunities to focus on other major diseases such as chronic respiratory diseases, epilepsy and rheumatic heart disease, we will pursue these opportunities in recognition of their interrelated nature as well as the need to ensure comprehensive care.

THET's NCD Task Force will work closely with the Surgery and Anaesthesia and Mental Health Task Forces in recognition of the interrelated nature of NCDs and other health conditions.

## **OUR GUIDING PRINCIPLES**

We will work according to the following guiding principles:

- Place an emphasis on addressing NCDs causing high mortality and disability within LMICs.
- Strive for improvements to access for the most vulnerable and underserved populations.
- Place an emphasis on high impact, cost effective interventions.
- Work based on needs identified by local partners and Ministries of Health.
- Share information, knowledge, experience and opportunities with stakeholders and the wider global health community.
- Work within the framework of SDGs 3 (Ensure healthy lives and promote well-being for all at all ages) and 17 (Revitalise the global partnership for sustainable development).
- Work in partnership with similarly motivated organisations, governments, academia and civil society.

We welcome comments and further discussion, please contact Laura Macpherson, Senior Grants Manager: [laura.macpherson@thet.org](mailto:laura.macpherson@thet.org)